



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FOR ALL

YMCA OF THE GOLDEN CRESCENT FINANCIAL ASSISTANCE PROGRAM



The YMCA of the Golden Crescent feels strongly that income should not be a barrier to becoming a member of the Y or participating in any of our programs.

Therefore, thanks in large part to our Annual Campaign, the For All program exists to offer financial support to anyone in our community whose income doesn't allow for membership, swim lessons, youth sports, camp, after school care, and so much more that the YMCA offers.

Anyone can apply to receive financial support through the For All program. Eligibility for financial support and the amount of financial support that can be given is determined on an individual basis.





**FOR ALL
Financial Assistance Application**

___ New Application
___ Renewal

PRIMARY HOUSEHOLD WAGE EARNER

First Name _____ Last Name _____ MI _____
 Address _____ City _____ State ____ Zip _____
 Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____
 Work Phone (____) _____ - _____ Email _____
 Employer _____
 Position _____

SECONDARY HOUSEHOLD WAGE EARNER

First Name _____ Last Name _____ MI _____
 Address _____ City _____ State ____ Zip _____
 Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____
 Work Phone (____) _____ - _____ Email _____
 Employer _____
 Position _____

LIST ALL HOUSEHOLD MEMBERS (INCLUDING OTHER ADULTS)

First and Last Name _____
 DOB _____ Age _____ Relationship _____

First and Last Name _____
 DOB _____ Age _____ Relationship _____

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First and Last Name _____
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First and Last Name _____
 DOB _____ Age _____ Relationship _____

HOUSEHOLD INFORMATION

Is this a single parent household? Yes _____ No _____
 Marital status: Single ____ Married ____ Divorced ____ Separated ____ Widow/Widower ____
 Have you ever applied for scholarship assistance at the YMCA before? Yes _____ No _____

Application continued on next page...



FOR ALL Financial Assistance Application

HOUSEHOLD FINANCES

Monthly Household Income

Household Wages \$ _____

Other Income \$ _____

Worker's Compensation, unemployment, additional household member CCMS, etc)

Child Support \$ _____

Food Stamps \$ _____

Social Security/Disability \$ _____

Total Income \$ _____

Monthly Household Expenses

Rent/Mortgage \$ _____

Utilities \$ _____

Food \$ _____

Childcare \$ _____

Medical \$ _____

Auto/Transportation \$ _____

Total Expenses \$ _____

HOW TO APPLY

1. Fill out this scholarship application COMPLETELY and print clearly. Your application CANNOT be processed until all paperwork is submitted.
2. Attach your federal tax form and/or proof of government assistance.
3. Attach your two most current pay stubs (if working).
4. You will be notified of your status in approximately two weeks.
5. If approved, you must reapply after six months.

APPLICANT SIGNATURE _____ **DATE SUBMITTED** _____

OFFICE USE ONLY

Household Adjusted Gross Income _____ Membership Type _____

Membership Discount % _____ Program Discount % _____

YMCA Processor Signature _____ Date _____