

YMCA of NWLA  
Application for Financial Assistance

## **Financial Assistance provided by funding from Willis-Knighton Health System**

*Please fill out the following information and attach the necessary documents (photocopies only).  
Please print. All information will be kept confidential.*

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. YMCA members can feel great knowing that they are involved in an organization that cares greatly for the health and well being of people. We are committed to promoting our core values of caring, honesty, respect and responsibility. Financial assistance is based on ability to pay. It is our policy that no person be denied membership or program participation by reason of inability to pay fees. Our annual campaign provides the funding for our Y Cares financial assistance program. To be considered for assistance, applicants must provide proof of financial status. We utilize a scale based on annual income and household size to determine the amount of assistance one receives. ***You must attach a copy of last year's tax return (1040 form), a copy of your two most recent pay stubs and/or your SSI allocation statement to verify your household's annual earnings. Your application will not be considered without these forms.*** The YMCA also requires that individuals supply additional information and reapply for assistance when requested to do so.

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Day #: \_\_\_\_\_ Evening #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Birth date: \_\_\_\_\_ [ ] Male [ ] Female

Are you claimed as a dependant on anyone's IRS form? [ ] Yes [ ] No

Are you a single parent household? [ ] Yes [ ] No

Spouse's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Birth date: \_\_\_\_\_

Children's name	School	Birth date
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Household's present total yearly income level (include spouse's income): Please circle one

Under \$8,000	\$12,001 - \$14,000	\$18,001 - \$20,000	\$24,001 - \$26,000
\$8,000 - \$10,000	\$14,001 - \$16,000	\$20,001 - \$22,000	\$26,001 - \$28,000
\$10,001 - \$12,000	\$16,001 - \$18,000	\$22,001 - \$24,000	\$28,001 - \$30,000
			\$30,001 +

This application for assistance is for:

[ ] Adult Membership [ ] Family Membership [ ] Program

I verify that all information provided on this application is accurate.

\_\_\_\_\_  
Signature

Office use only: Approved by: \_\_\_\_\_ % discount: \_\_\_\_\_