

**YMCA of NWLA  
Application for Financial Assistance**

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

The YMCA of Northwest Louisiana is a Membership Organization open to all people. Through the generosity of donors, we are able to provide programs and services to those who may not otherwise be able to participate. Financial assistance, to every extent possible, is available to those in need through our Y Cares Program. You may ask for a confidential assistance application at any of the three branches of the YMCA of Northwest Louisiana. All YMCA members receive the same membership benefits, regardless of scholarship assistance.

To process your application, we need one of the following:

- Copy of last year's tax return
- Copy of current pay stub
- Copy of social security or disability check

***Your application will not be considered without one of these forms.***

The YMCA will review the application to determine financial assistance eligibility, and you will be contacted if your award has been approved.

Financial assistance is available to anyone based on family income, household size, and the availability of YMCA funds. Assistance is provided on a fair and open basis, in accordance with our donors' wishes. Financial assistance is provided on a first-come, first-served basis.

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

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Birth date: \_\_\_\_\_

Are you claimed as a dependant on anyone's IRS form? \_\_\_\_\_ Are you a single parent household? \_\_\_\_\_

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

Children's name	Birth date
_____	_____
_____	_____
_____	_____

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: \_\_\_\_\_

# YMCA OF NWLA Y CARES SCALE

(Updated 10/23/2024)

# in the Household	Net Annual Household Income		Adult Fee	Family Fee
One Person	\$0	- \$24,000	\$35.00	\$55.00
	\$24,001	- \$30,000	\$50.00	\$70.00
	\$30,001+		\$59.00	\$95.00
Two People	\$0	- \$30,000	\$35.00	\$55.00
	\$30,001	- \$38,500	\$50.00	\$70.00
	\$38,501+		\$59.00	\$95.00
Three People	\$0	- \$35,000	\$35.00	\$55.00
	\$35,001	- \$40,500	\$50.00	\$70.00
	\$40,501+		\$59.00	\$95.00
Four or More	\$0	- \$40,500	\$35.00	\$55.00
	\$40,501	- \$48,000	\$50.00	\$70.00
	\$48,001+		\$59.00	\$95.00

The scale is based on **net\* not gross** household income. Family membership covers both spouses and their children that are 25 yrs or under, single and living at home. Family membership does not include grandparents, siblings or relatives of the head of the household. Grandparents or relatives living in the household are welcome to apply for Y Cares.

Dollar amounts are net **household** income. A married member signing up for individual membership will be required to include the spouse's income. A married person signing their child up for a program will be required to include the spouse's income.

\*Net income = The amount of money you bring home after taxes and other deductions are taken out of your paycheck.