



FINANCIAL ASSISTANCE APPLICATION

The YMCA of Greater New York believes in providing membership and program services to all who desire to participate. The financial assistance program, supported in part through donations to the Strong Kids Campaign, provides membership and program services to those in need within our available resources.

Applicant's Name: _____ Date: _____
(Person Filling Out Form)

Address: _____

City: _____ State: _____ Zip: _____

Home/Work Phone # _____ Mobile # _____ E-Mail _____

(All financial assistance notifications will be sent by E-mail)

Please check one:

I am not currently receiving any YMCA Financial Assistance

I am currently receiving YMCA Financial Assistance and this application is for:

___ Renewal or ___ Request for another program

Requesting Financial Assistance for (please check one):

Adult Membership Family Membership Youth Membership

Early Childhood After School Day Camp

Other Program (list) _____

Cost of Membership or Program: \$ _____

This request is for (fill in name): _____ Date of birth: _____

List all household members, including applicant:

<u>First Name</u>	<u>Last Name</u>	<u>Relationship</u>
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Please complete reverse side

YMCA Mission: The YMCA of Greater New York is a community service organization which promotes positive value through programs that build the spirit, mind and body, welcoming all people, with a focus on youth.

