



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA ANTHONY BOWEN

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YMCA Anthony Bowen – 1325 W Street, N.W. – Washington, DC 20009 – (202) 232-6936 – (202) 234-2492 (fax) – [www.ymcadc.org](http://www.ymcadc.org)

### ***Application for Financial Assistance***

Today's Date \_\_\_\_\_

Dear Applicant:

Financial assistance scholarships are made available to individuals and families who are unable to pay the full cost of membership or programs. Through the generosity of YMCA members and others in the community we are able to provide financial assistance to individuals who need it. We are not able to provide assistance that covers the total cost of a membership or program, so, if your application is approved, you will be asked to contribute an amount determined by our eligibility rating system. Financial assistance may not be available for all membership categories or programs and will be allocated as funds permit. **A financial assistance scholarship is not continuous; therefore, you will be required to complete a new application and submit the requested paperwork prior to the expiration date of your program or membership.**

In order for your application to be considered by the review committee, you must provide proof of income including a copy of: **(1) your Federal and State Income Tax forms, (2) a copy of your two most recent pay stubs, and (3) a copy of your most recent W-2 earnings. Incomplete applications will be returned to the applicant.**

#### **I. TYPE OF PROGRAM SCHOLARSHIP THAT YOU ARE APPLYING FOR: (PLEASE CHECK ONE)**

##### ACTIVITY TYPE

- Membership
- Summer Camp
- Child Care
- Other

#### **II. TELL US ABOUT YOURSELF**

Married     Divorced     Widowed     Single

Date of Birth (required for membership) \_\_\_\_/\_\_\_\_/\_\_\_\_

Your Name: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Are you employed?  yes     no     full-time     part-time

If yes, name of employer: \_\_\_\_\_

If no, please explain why: \_\_\_\_\_

If married, is you spouse employed?  yes  no  full-time  part-time

If yes, name of employer: \_\_\_\_\_

If no, please explain why: \_\_\_\_\_

Are you a college student?  full-time  part-time

Name of college: \_\_\_\_\_

Are you receiving financial aid for tuition and/or housing costs?  yes  no

Tuition: \$ \_\_\_\_\_ Housing: \$ \_\_\_\_\_

If married, is your spouse a college student?  full-time  part-time

Name of college: \_\_\_\_\_

Is you spouse receiving financial aid for tuition and/or housing costs?  yes  no

Tuition: \$ \_\_\_\_\_ Housing: \$ \_\_\_\_\_

**III. MONTHLY GROSS INCOME** (Income is money from any source received by any person living in your household.)

Your monthly gross income: \$ \_\_\_\_\_ Your spouse’s monthly gross income: \$ \_\_\_\_\_

Additional monthly income from other sources (please explain): \$ \_\_\_\_\_

Medicaid assistance: \$ \_\_\_\_\_ Food Stamps: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**IV. YOUR MONTHLY EXPENSES** (List all major items such as mortgage, rent, credit cards, auto loans, miscellaneous loans, transportation, medical, etc.)

Item	Amount	Balance	Item	Amount	Balance

V. PLEASE LIST ALL HOUSEHOLD MEMBERS

Name	Relationship	Age	Employer/School

VI. HAVE YOU EVER RECEIVED FINANCIAL ASSISTANCE FROM THE YMCA?

If yes, when? \_\_\_\_\_

VII. SINCE WE DO NOT PROVIDE FINANCIAL ASSISTANCE THAT COVERS THE TOTAL COST OF THE MEMBERSHIP OR PROGRAM, PLEASE TELL US WHAT YOU CAN CONTRIBUTE. \$ \_\_\_\_\_

VIII. ATTACH ANY ADDITIONAL INFORMATION OR DOCUMENTATION THAT WILL ASSIST THE REVIEW COMMITTEE IN EVALUATING YOUR APPLICATION FOR A FINANCIAL ASSISTANCE SCHOLARSHIP.

IX. PLEASE READ AND SIGN:

The information that I have provided on this form is accurate and current. If required, I agree to provide additional documentation to verify my need for financial assistance. I understand that the YMCA attempts to award financial assistance to as many qualified applicants as possible, to the extent that funds are available. I understand that the YMCA does not award financial assistance that covers the total cost of a membership or a program. Additionally, I understand that not all programs, sessions or membership categories may be available at the time of my application for financial assistance.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_

<b>For Office Use Only</b>	
<input type="checkbox"/> Request Approved	Start Date: _____
Total amount of scholarship: \$ _____	Percent Covered: ____%
For: <input type="checkbox"/> Membership <input type="checkbox"/> Childcare <input type="checkbox"/> Camp <input type="checkbox"/> After School <input type="checkbox"/> Other _____	
<input type="checkbox"/> Request Not Approved	
Reason: _____	
Reviewed by: _____	Date: _____