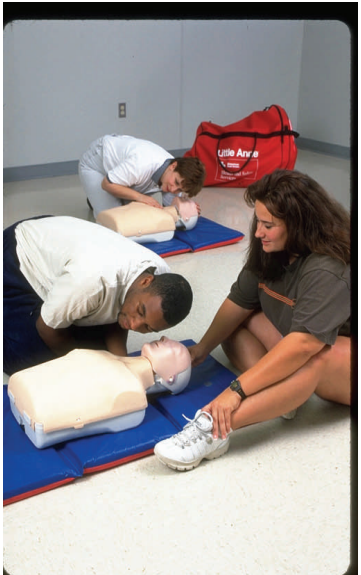


# THE RICHARD A. HENSON FAMILY YMCA



FINANCIAL ASSISTANCE APPLICATION

# Welcome to the Hagerstown YMCA

We are pleased you are interested in becoming a member. The Hagerstown YMCA requires that individuals provide the requested information on the attached form regarding income, family size and expenses so that it can provide financial assistance in a fair and consistent manner. All information will be kept confidential. All applications are reviewed on an annual basis. Please provide a copy of any information that may alter your financial situation.

Fees are subject to increase at the annual review. Failure to provide new financial information may result in the termination of your membership.

In order to process your application, please provide a copy of the following:

- ✓ Copy of last year's tax return
- ✓ Copy of last two pay stubs
- ✓ (or) Copy of social security or disability checks (or copy of bank statement showing amount of automatic monthly deposit)
- ✓ Documentation of any Federal Assistance, such as food stamps, rent subsidy, or Child Support

The Scholarship Director reviews all applications to determine financial assistance eligibility. Please allow 30 days to process the application. You will be notified by mail when your application has been processed or if we require additional information. Scholarships are awarded on a first come first serve basis and is subject to funding availability.

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 care greatly for health and well-being of people and is committed to building strong kids, strong families and strong communities.

# APPLICATION FOR FINANCIAL ASSISTANCE FOR THE HAGERSTOWN YMCA

OFFICE USE ONLY

Approved:  Yes  No

Amount: \_\_\_\_\_

Date \_\_\_\_\_  Membership  Program

Applicant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of employment \_\_\_\_\_ Phone # \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

Place of employment \_\_\_\_\_ Phone # \_\_\_\_\_

Total number of dependents in household \_\_\_\_\_

### Person(s) to be included on membership

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

### Household gross monthly income:

	Spouse #1	Spouse #2
Employment	_____	_____
Child Support	_____	_____
Government Assistance	_____	_____
Food Stamps	_____	_____
Other	_____	_____
<b>Total:</b>	_____	_____

Please use the back of this form for any further information pertaining to your application. Missing information on your application may result in a delay in the approval process.

I hereby certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.

Signature \_\_\_\_\_ Date \_\_\_\_\_



YMCA

We build strong kids,  
strong families, strong communities.



United Way



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301-739-3992 Fax  
[www.ymcahagerstown.org](http://www.ymcahagerstown.org)