

FINANCIAL ASSISTANCE APPLICATION

College/High School student please include your class schedule. Gross Monthly Income Spouse's Gross Monthly Income Spouse Incom				∐ New Ap	plication
Address Addres	tance is based upon available resources, and funds are	allocated from donati	ions received from our Annu	al Campaign and b	y The United Way of NNM.
Imployer or school name				Must live, work	or go to school in Los
Imployer or school name	licant's Name				
Orne Address					
Cell Phone Cell	ne Address	City		State	Zip
Adults Children 18 & under living at home Household size Adults Children 18 & under living at home Household Members Names (spouse/dependents)	erred Phone ()		Cell Phone ()		
Household size Adults Children 18 & under living at home	il Address (All financial assistance notification	ons will be sent by	/ email)		
Household size Adults Children 18 & under living at home	us 🗆 Sinale	Married	☐ Divorced	□ W	idowed
Age Cour application will be processed as soon as the Y receives documentation of income. Please include: Cour application will be processed as soon as the Y receives documentation of income. Please include: Course Cour					
Your application will be processed as soon as the Y receives documentation of income. Please include: recent Federal tax return, 3 consecutive pay stubs & State/Federal Aid statement for all household member of the process of the				me	Age
four application will be processed as soon as the Y receives documentation of income. Please include: recent Federal tax return, 3 consecutive pay stubs & State/Federal Aid statement for all household member and be student please include your class schedule. Gross Monthly Income \$ Spouse's Gross Monthly Income \$ Child Support/Alimony \$ State/Fed Aid (Foster Care, Disability, Unemployment, SSI, etc) \$ Other Income \$ TOTAL Monthly Income \$ Requesting Financial Assistance for Membership: Single Family-2 Family-3+ Youth Young Adult Childcare: After-School Y Camp Other Program (list) Please share with us your need for financial assistance. Include any special circumstance. Certify that the above information is true and complete. I agree to inform the Y of any changes in my financial standerstand that my award is based on funds available and my award can change at any time. My application for a secomplete and I have provided my most recent documentations of income. I agree to provide a written test now financial assistance has helped me/my family within 60 days.			. ,		5
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