



FINANCIAL ASSISTANCE APPLICATION

New Application Renewal

As a charitable organization, The Family YMCA is committed to assisting individuals who might not otherwise be able to afford our programs. Financial assistance is based upon available resources, and funds are allocated from donations received from our Annual Campaign and by The United Way of NNM. Financial assistance is awarded on a sliding scale and is based on a review of the applicant's household income and extenuating circumstances.

All information is kept confidential. This application must be renewed every 6 months. Must live, work or go to school in Los Alamos or for After-School/Camp, your child must be enrolled in LAPS district.

Applicant's Name _____
Employer or school name _____ Address _____
Home Address _____ City _____ State _____ Zip _____
Preferred Phone (____) _____ Cell Phone (____) _____
Email Address (All financial assistance notifications will be sent by email) _____

Status Single Married Divorced Widowed

Household size Adults _____ Children 18 & under living at home _____

Table with 3 columns: Household Members Names (spouse/dependents), Employer/School Name, Age. Includes four rows of blank lines for data entry.

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 members. If College/High School 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.

I certify that the above information is true and complete. I agree to inform the Y of any changes in my financial status. I understand that my award is based on funds available and my award can change at any time. My application for assistance is complete and I have provided my most recent documentations of income. I agree to provide a written testimony of how financial assistance has helped me/my family within 60 days.

Applicant Signature _____ Date _____

FOR OFFICE USE: Documentation Y N Date Received _____ Applicant Notified Y N Awarded _____%