



13528 State Highway AA, Potosi, MO 63664 **Phone:** 573-438-2155 **Fax:** 573-438-3913

www.camplakewood.org

CONFIDENTIAL APPLICATION FOR FINANCIAL ASSISTANCE

	Application Date:								
Please complete all of the follow only) and return to your branch of on a monthly basis. Please print . Name:	the Gateway Re	egion YMCA. Balance of the allo	•						
Address:									
City:		State:	Zip:						
Home Phone:		Age: Birthdat	e:						
E-Mail Address:									
Place of Employment:									
Position:	How long:								
Work Phone:	k Phone: Cell Phone:								
Emergency Contact Name:									
before at the YMCA? Yes	No If yes,	e Single Parent Household? which YMCA?:	YesNo						
Spouse/Child(ren) Names	Age(s)	School/Employer	Birth Date(s)						
Application for financial assistanc Membership Individua Program/Camp Child Care Other: *If this application is for child care/camp, you benefits from the Division of Family Services. letter with this application. Your application of you submit a denial form. If you have applied been put on a waiting list, you must show programs.	Family e* u must have been de Please attach your de annot be processed ed for benefits and	Under \$8,000 \$8,001-\$9,000 \$9,001-\$10,000 \$10,001-\$12,000 Price denial until have \$14,001-\$16,000	\$18,001-\$20,000 \$20,001-\$22,000 \$22,001-\$24,000 \$24,001-\$26,000 \$26,001-\$28,000 \$28,001-\$30,000 Over \$30,000						

What is	the dollar amoun	t that you	are willing to	o pay or have the	ability to pay?				
Member	ship: \$	per mo.	Program: \$	per mo.	Child Care: \$	per mo.			
	enefits do you s pant?:				to join the YMCA as	s a member o			
Why are	e you applying for	financial	assistance?:						
ITEM	IIZED INCOME			NOTICE TO APPLICANTS It is the policy of the Cotovery Posice VMCA to provide					
Wages	s, salaries, tips	\$		It is the policy of the Gateway Region YMCA to provide services for any person who desires to participate and					
Unem	ployment Compensa	ation \$		their ability to pa	benefits of the YMCA, ay the standard membersh	nip or program			
Social	Security compensa	tion \$		1	able to pay the full fee ma d on their demonstrated	'			
Child !	Support	\$		for financial assistance have been made available through generous contributions. Both subjective and objective criteria are factored into assistance decisions. The YMCA believes that ownership and pride are best developed when recipients of financial assistance contribute to the cost of their YMCA involvement. Thus, all eligible recipients will be asked to pay a portion					
State	subsidized funding	\$							
401K	retirement funds/	\$							
Alimor	ny	\$							
Other	:	\$		of the membership/program fees. DFS recipients					
TOTA	AL INCOME*	\$		will be responsible for payment of balance of fees not covered through DFS. To maintain eligibility of financial					
*Please	e explain any extenua	ating circum	stances	1	ecipient must reapply by hip assistance letter.	the expiration			
LATEST LETTER without Applicate be maile applicate the bes	FEDERAL TAX RETUE FROM GOVERNME the income verificate the income verificate ations must be contacted at to you as to what tion and signing it, t of my knowledge a	URN with MENT AGENCY ation. mpleted in t you qualit I certify the and have re	Y2's attached Y FORM 1722 Infull and are party for within 2 that the information and, understan	(if applicable) and/ must be provided processed in the or weeks or receiving ation supplied the d and agree with t deration of fin	of income must be fur or (2) If tax return has The scholarship cannow the application. Upon or the application of the Application of the YMCA Financial Assistance value.	not been filed, it be processed Notification will completing this nd complete to stance policies.			
Applicant Signature:			Date:						
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Α. Υ.	Appraisal conducte	ed by:			Date:				
A ST/	Comments:								
YMCA STAFF USE ONLY	Amount of assistar	nce granted	:\$						