



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CAMP LAKEWOOD
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 following questions in full and attach the necessary documents (photocopies only) and return to your branch of the Gateway Region YMCA. Balance of the allocation must be paid in full or on a monthly basis. **Please print.**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Age: _____ Birthdate: _____

E-Mail Address: _____

Place of Employment: _____

Position: _____ How long: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone #: _____

Have you ever applied for financial assistance Single Parent Household? Yes No

before at the YMCA? Yes No If yes, which YMCA?: _____

Spouse/Child(ren) Names	Age(s)	School/Employer	Birth Date(s)

Application for financial assistance is for:

Membership Individual Family

Program/Camp Child Care*

Other: _____

Your present gross (before taxes) income level is:

Under \$8,000 \$18,001-\$20,000

\$8,001-\$9,000 \$20,001-\$22,000

\$9,001-\$10,000 \$22,001-\$24,000

\$10,001-\$12,000 \$24,001-\$26,000

\$12,001-\$14,000 \$26,001-\$28,000

\$14,001-\$16,000 \$28,001-\$30,000

\$16,001-\$18,000 Over \$30,000

*If this application is for child care/camp, you must have been denied benefits from the Division of Family Services. Please attach your denial letter with this application. Your application cannot be processed until you submit a denial form. If you have applied for benefits and have been put on a waiting list, you must show proof of waiting-list status.

What is the dollar amount that you are willing to pay or have the ability to pay?

Membership: \$ _____ per mo. Program: \$ _____ per mo. Child Care: \$ _____ per mo.

What benefits do you see in having this financial assistance to join the YMCA as a member or participant?: _____

Why are you applying for financial assistance?: _____

ITEMIZED INCOME	
Wages, salaries, tips	\$
Unemployment Compensation	\$
Social Security compensation	\$
Child Support	\$
State subsidized funding	\$
401K/retirement funds	\$
Alimony	\$
Other:	\$
TOTAL INCOME*	\$

**Please explain any extenuating circumstances*

NOTICE TO APPLICANTS

It is the policy of the Gateway Region YMCA to provide services for any person who desires to participate and understands the benefits of the YMCA, regardless of their ability to pay the standard membership or program fees. Those not able to pay the full fee may be awarded assistance, based on their demonstrated need. Funds 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 of the membership/program fees.** DFS recipients will be responsible for payment of balance of fees not covered through DFS. To maintain eligibility of financial assistance, the recipient must reapply by the expiration on their scholarship assistance letter.

Total household income must be verified at each renewal. Proof of income must be furnished by: (1) LATEST FEDERAL TAX RETURN with W2's attached (if applicable) and/or (2) If tax return has not been filed, LETTER FROM GOVERNMENT AGENCY FORM 1722 must be provided. The scholarship cannot be processed without the income verification.

Applications must be completed in full and are processed in the order they are received. Notification will be mailed to you as to what you qualify for within 2 weeks or receiving the application. Upon completing this application and signing it, I certify that the information supplied therein is true, accurate and complete to the best of my knowledge and have read, understand and agree with the YMCA Financial Assistance policies.

Falsification of any information for consideration of financial assistance will result in the YMCA to immediately revoke any granted assistance.

Applicant Signature: _____ Date: _____

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**YMCA STAFF
USE ONLY**

Appraisal conducted by: _____ Date: _____

Comments: _____

Amount of assistance granted: \$ _____