



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

FINANCIAL ASSISTANCE APPLICATION

Date received:
All documents attached: Y or N
Staff Initials:

Date ____ / ____ / ____ Name _____

Address _____

Home # _____ Cell# _____ Email _____

Your D.O.B. ____ / ____ / ____ M/F _____

Name of 2nd Adult in Household _____ D.O.B. ____ / ____ / ____

Application for financial assistance is for?

Membership Type: Youth ____ Young Adult ____ Adult ____ Family ____ Senior ____

Program Fees (i.e. Basketball, Summer Camp, Child Care etc.): _____

DEPENDENTS Please list your household dependents.

Name _____ M/F ____ D.O.B. ____ / ____ / ____ Age ____ Grade ____

Name _____ M/F ____ D.O.B. ____ / ____ / ____ Age ____ Grade ____

Name _____ M/F ____ D.O.B. ____ / ____ / ____ Age ____ Grade ____

Name _____ M/F ____ D.O.B. ____ / ____ / ____ Age ____ Grade ____

Name _____ M/F ____ D.O.B. ____ / ____ / ____ Age ____ Grade ____

<u>INCOME</u>	<u>YES</u>	<u>NO</u>	<u>You</u>	<u>2nd ADULT</u>
What is the average amount of hours you work per week?	 	 	/Wk	/Wk
What is your hourly wage?	 	 	/Hr	/Hr
Do you receive Social Security?			/Mo	/Mo
Do you receive Welfare?			/Mo	/Mo
Do you receive Child Support or Alimony?			/Mo	/Mo
Do you receive Food Stamps?			/Mo	/Mo
Do you receive Pension?			/Mo	/Mo
Do you receive Family Support?			/Mo	/Mo
Is there any other funding you receive?			/Mo	/Mo

PLEASE PROVIDE a copy of your last 2 pay stubs & proof of ANY and ALL income.

If you receive funding from an agency (such as DHHS) that could help pay for your membership or program fees, please list:

What is the amount you are able to contribute toward a membership? \$ _____ a Month

What is the amount you are able to contribute toward a Program Fee? \$ _____

Are you interested in volunteering? Yes No If Yes, indicate which program areas:

Youth Sports Coach Scorekeeper/Timer/Officiating Maintenance Family Fun Nights
 Triple Crown Series (5K & Fun Runs Member Service (phone calls, mailings etc.)
 Fund Raising Fitness Center Other: _____

Why are you applying for financial assistance & what benefits do you see in becoming a YMCA member or participant?

Are there extenuating circumstances we should consider while reviewing your application? Please explain.

APPLICATION'S STATEMENT

I certify that all the information provided is true, and that I am responsible to notify the Auburn-Lewiston YMCA of any changes to my family or financial status immediately should they occur. In consideration of gaining membership or being allowed to participate in activities and programs of the Auburn-Lewiston YMCA I do hereby waive, release and forever discharge the Auburn-Lewiston YMCA and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any Auburn-Lewiston YMCA activities or use of YMCA equipment. I agree to adhere to all policies set by the Auburn-Lewiston YMCA. I give permission to the Auburn-Lewiston YMCA to use photographs and/or videos of myself and above listed family members for promotion, public relations, records, or other legitimate purposes. I fully understand that there is no monetary payment to be made to me or anyone for my appearance in said photographs or films.

• Date ___ / ___ / ___ Print Name _____ Signature _____

For office use only:

Membership Type:	Program:
Monthly @ \$	Program Fees: \$
Subsidy %	Subsidy %
Applicant's Contribution: \$	Applicants Contribution: \$

Date Awarded: ___ / ___ / ___	Award dates from ___/___/___ to ___/___/___
-------------------------------	---

Please return completed application and documents to:
YMCA Welcome Center
YMCA of Auburn-Lewiston
62 Turner St.
Auburn, ME 04210