

Boonslick Heartland YMCA Financial Assistance Application

Applicant Information (Primary Wage Earner)

Last Name: _____ First Name: _____
Employer: _____ Employment Status: _____ Work Phone: _____
Hourly Wage: \$ _____ Avg. Annual Income: \$ _____ # of Dependents: _____

Spouse or Secondary Wage Earner Information

Last Name: _____ First Name: _____
Employer: _____ Employment Status: _____ Work Phone: _____
Hourly Wage: \$ _____ Avg. Annual Income: \$ _____

Family Information

Address: _____ City: _____ State: _____ Zip: _____
Primary Phone #: _____ E-Mail: _____

List the Names and Ages of all Children and Adults not listed above living in your Household

Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____

I am applying for Financial Assistance for (circle one): Membership Programs Both Child Care*

Have you ever been a member of the YMCA (Yes or No)? _____ If yes, when? _____

How much can you/your family afford for a Y membership? \$ _____/month

Are there any special circumstances, etc. you feel should be taken into consideration while reviewing this application?

Signature of Applicant

_____/_____/_____
Date

***If applying for financial assistance for Child Care, a Missouri State Child Application/Eligibility Statement form must be turned in with the required financial documentation that verifies your income.**

Application Guidelines

Complete the YMCA Financial Assistance Application above, then return it with any of the following additional forms that apply to your current financial situation:

- Your most recent 1040 Federal tax return
- Your most recent pay stub
- Proof of other income (government assistance, child support, etc.)

What Happens Next

Processing of your forms typically takes approximately 5-7 business days. When your forms have been processed, the YMCA will contact you either by phone or by e-mail.

YMCA Staff Use

Application Reviewed by: _____ Date App. Approved: _____ App. Exp. Date: _____
Rate of Assistance: _____ % Applicant Pays: \$ _____/month \$ _____/year



How to Use This Form

1. Complete the Boonslick Heartland YMCA Financial Assistance Application on the reverse side of this brochure.
2. Attach the following additional forms that apply to the application:
 - Your most recent 1040 Federal tax return
 - Your most recent pay stub
 - Proof of other income (including government assistance)
- Copy of State Assistance application (if applying for a Child Care scholarship)
3. Return all of the above materials (including this form) to the Boonslick Heartland YMCA.

What Happens Next

Processing of the application typically takes 5-7 business days. Once your forms have been processed, the YMCA will contact you.

Financial Assistance is Temporary

The Boonslick Heartland YMCA recognizes that from time to time, people may need some financial help. Financial assistance is intended to be temporary, and as such, you will be asked to reapply annually.

Contact Us

Please contact us if you have any questions or concerns about the application process.

Boonslick Heartland YMCA
757 Third Street/ P.O. Box 104
Boonville, MO 65233
Phone: 660-882-8500
Fax: 660-882-2599
Website: bhymca.org

