

Financial Assistance Application

<u>Applicant Information</u>	I am applying for (circle):	programs	membership	both	camp*
Last Name: _____	First Name: _____				
Address: _____					Apt. #: _____
City: _____	State: _____	Zip: _____	Home Phone: _____		
Email Address: _____					
Employer: _____	Employment Status: _____	Work Phone: _____			
<small>Full or Part Time</small>					
Hourly Wage: \$ _____	Annual Income: \$ _____	# of Dependents: _____			
<small>All persons living in Household</small>					
List the Names and Ages of all dependants, children and adults living in your household:					
Name: _____	Age: _____	Name: _____	Age: _____		
Name: _____	Age: _____	Name: _____	Age: _____		
Name: _____	Age: _____	Name: _____	Age: _____		
<u>Spouse or Other Wage Earner Information</u>					
Last Name: _____	First Name: _____	Home Phone: _____			
		<small>If different than above</small>			
Employer: _____	Employment Status: _____	Work Phone: _____			
		<small>Full or Part Time</small>			
Hourly Wage: \$ _____	Annual Income: \$ _____				
Have you ever been a YMCA member: Yes _____ No _____ If yes, when? _____					
How much can you afford for a monthly Y membership? _____					
List special circumstances that you feel should be taken into consideration during review of this application:					

_____			_____		
Signature of Applicant (Parent or Guardian if under 18)			Date Application Submitted		

***If applying for financial assistance for camp, 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:

- 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.

For YMCA use only

Membership Type:	Family	Couple	Adult	Senior Couple	Senior Adult	Young Adult	Youth
Percent of Assistance: %	Amount Applicant Pays:		/month		/year		
Application Reviewed By: _____	Date Application Approved: _____		Deadline Date: _____				



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 camp 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



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY