



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial Assistance Application

Dear Financial Assistance Applicant:

The Great Plains Family YMCA offers Financial Assistance for all ages for both membership and programs. Assistance is made through contributions; therefore our funds are limited.

The goal of the Great Plains Family YMCA Financial Assistance Program is to help as many people as possible. In order to accomplish this goal, assistance provided to qualified applicants is reviewed annually.

Please complete the application and submit it, along with the appropriate documentation. Please allow **10 business days** to process your application. You will be notified via phone of your acceptance.

If you are requesting assistance with child care expenses (CDC, After School, or Summer Camp), we ask that you first apply for aid through the Department of Human Services. If qualified, the level of assistance awarded to you by these organizations may be substantially greater than what our program may offer. You may contact the Department of Human Services at 1-800-525-6846 OR 580-323-3333.

If you have any questions regarding the Great Plains Family YMCA Financial Assistance process, please contact our Membership or Program Coordinators at 580-772-0202.

Thank you,

Kenzie Schlangen

Membership Coordinator



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Financial Assistance Application

Date

Name

Phone Number

Address

City

State

Zip

Occupation

Employer

Email

Family Size: Number of Adults & Number of Children

Spouse's Information:

Name

Occupation

Employer

Phone Number

Email

Name(s) of all participants applying for Financial Assistance:

1.

Name

Age

D.O.B.

2.

Name

Age

D.O.B.

3.

Name

Age

D.O.B.

4.

Name

Age

D.O.B.

5.

Name

Age

D.O.B.



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6.

Name	Age	D.O.B.
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Application for Financial Assistance is for (Please circle):

Membership: Household Adult Youth

Child Care/ Programs: After School CDC Summer Camp Sports

Please indicate specific programs and those participating:

Program Name	Participant
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Program Name	Participant
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Program Name	Participant
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Have you ever applied for Financial Assistance before at the YMCA? YES NO

Please itemize your monthly income and expense items:

INCOME		EXPENSES	
Wages, salaries, tips	\$	Rent/ Mortgages	\$
Unemployment Compensation	\$	Utilities	\$
Social Security Compensation	\$	Food	\$
Child Support	\$	Clothing	\$
Aid to Dependent Children	\$	Phone	\$
Food Stamps	\$	Car Insurance	\$
401K, Investment Funds, IRA's	\$	Alimony	\$
Alimony	\$	Child Support	\$
Other	\$	Medical	\$
Other	\$	Other	\$
TOTAL MONTHLY INCOME	\$	TOTAL MONTHLY EXPENSES	\$

Please submit copies of the following documents along with your completed application:

1. Most recently prepared Federal Income Tax Return (1040 as well as all scheduled forms)
2. Most recent W-2's and/ or 1099-R's
3. Most current paycheck stub
4. If applicable, current SSI benefits verification letter or payment stub



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If application is for childcare, we ask that you first contact the Department of Human Services. If qualified, the level of assistance awarded may be substantially greater than our program may offer.

Please write a paragraph stating your reason for your request for Financial Assistance:

I am submitting income verification with my application for Financial Assistance and certify that the above information is true and complete to the best of my knowledge.

Signature

Date

FOR OFFICE USE ONLY:

Staff initials

Award Amount

Award Expires

Date Award Received

Date Award Entered into Daxko