

Step Four : Financial Resources

Please list amount of all financial resources you and/or your family receive on a **monthly basis**.
Documentation must be attached or the application will be discarded. Some categories may not apply to you.

	ADULT #1	ADULT #2	CHILDREN	HOUSEHOLD TOTAL
Total Gross Wages				
Child Support				
Temporary Assistance For Needy Families (TANF) or Ohio Works First (OWF)				
Social Security Income				
Social Security Disability				
Unemployment				
Alimony				
Retirement				
Pension				
Monthly Value of Food Stamps				
HUD (Section 8)				
Other Assistance (Federal/State aid, medical aid, etc.)				
Total Monthly Income				

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Please use this section to indicate any other information or extenuating circumstances that you would like to share. If more space is need please attach an additional piece of paper to this form.

I want/need a YMCA Scholarship because:

Step Five : Signature of Certification

I hereby certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any changes in the above information. I understand that false information could jeopardize my financial assistance. I understand that I will be requested to pay a percentage of my membership/program fee.

Signature of person completing this form

Date

Please Read Before Submitting Application

- YMCA Financial Assistance will be granted for **SIX MONTHS**
- This application must be renewed every SIX MONTHS**
- YMCA Financial Assistance reduces fees; it does not eliminate them
- If you do not reapply at the time requested, your membership may be terminated.

Office Use Only

Application Received: _____ Application Reviewed: _____

Approved – Percentage Discounted: _____ Notified: _____

Denied – Reason: _____ Notified: _____