



# FINANCIAL ASSISTANCE APPLICATION

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

1. It is the aim of the Randolph YMCA that no one be denied membership due to an inability to pay the membership dues.
2. The ability of the YMCA to respond to assistance is dependent upon the success of the Annual Support Campaign and private donations.
3. **Generally, scholarships will not be awarded in the full amount of the membership.**
4. Eligibility shall be determined by: extreme temporary or long-term financial hardship.
5. The Y's success depends greatly on member volunteerism. While it is NOT a requirement of the scholarship program, many recipients have found it to be a gratifying way to give something back to the program.
6. The Awards Committee will review applications for scholarships and all documents will be recorded in a confidential file. You will be notified by mail of their decision.

**NOTE: If applicant is under age 18, a parent or guardian must complete this form.**

Applicant's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

E-mail address \_\_\_\_\_

Type of membership requested: (circle one) **Adult**    **Young Adult**    **Youth**    **Family**    **Couple**

**Single Parent Family**    **Senior Citizen**    **Senior Couple**    **Basic Youth**

Program (specify) \_\_\_\_\_

Please supply dependent information below:

	NAME	DATE OF BIRTH	RELATIONSHIP
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Employer: \_\_\_\_\_ P/T F/T

Spouse's employer: \_\_\_\_\_ P/T F/T

Father's employer (If applicant is under 18): \_\_\_\_\_ P/T F/T

Mother's employer (If applicant is under 18): \_\_\_\_\_ P/T F/T

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Submitted

**PLEASE COMPLETE OTHER SIDE OF THIS FORM**



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

MONTHLY INCOME		Amount	MONTHLY EXPENSES		Amount
Gross Wages			Rent or Mortgage		
Social Security			Real Estate Taxes		
Rent Assistance			Heat		
Alimony			Electric		
Child Support			Water/Sewer		
Food Stamps			Garbage		
Tips			Telephone		
Disability* (Doctor's Note Required)			Cell Phone		
Temporary			Cable		
Permanent			Internet		
Other			Food & Household		
<b>TOTAL INCOME</b>			Clothing		
			Medical & Dental		
			Camps		
			Child Care & Babysitting		
			Alcohol & Tobacco		
			Auto Payment		
			Auto Insurance		
			Gas		
			Other (please explain)		
			<b>TOTAL EXPENSES</b>		
Net Monthly Cash Flow -- -- (Income – Expenses) = \$ _____					

ASSETS		Amount	LIABILITIES		Amount
Savings Account			Mortgage		
Checking Account			Car Loan		
Auto			Credit Cards		
Stocks & Bonds			Personal Loans		
Home			<b>TOTAL LIABILITIES</b>		
<b>TOTAL ASSETS</b>					
Monthly Net Worth -- -- (Assets – Liabilities) = \$ _____					

Percentage of Scholarship requested \_\_\_\_\_%

Please explain your financial situation and why you need a scholarship:

---



---



---

**Please include a copy of your most recent 1040 Federal Tax Return, W-2 Form, two most recent pay stubs, lease or mortgage statement, proof of child support or alimony, Social Security and disability payments.**

NO APPLICATION WILL BE PROCESSED UNLESS IT IS COMPLETE AND ALL DOCUMENTS ARE ATTACHED.  
WE ARE NO LONGER ABLE TO MAKE PHOTOCOPIES.  
PLEASE HAVE YOUR COPIES READY WHEN YOU BRING IN THIS FORM.

Randolph YMCA 14 Dover Chester Road, Randolph NJ 07869 • randolphymca.org • 973 366 1120