



Long Branch Area YMCA Financial Assistance Application

1304 S Missouri St*Macon, MO 63552*660-385-1818*toll free 877-385-YMCA

Complete the application below and attach a copy of your most recent tax return. (We can make a photocopy of your tax return for you.) Please allow two weeks for processing.

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Phone: _____

Family Members: #Adults _____ #Children _____
(A family member must be claimed as a dependent on your tax return.)

Name(s) of person(s) to receive assistance:

1. _____ age _____ 3. _____ age _____

2. _____ age _____ 4. _____ age _____

Are you a current YMCA member? Yes No

Have you ever received YMCA Financial Assistance? Yes No

This application is for financial assistance for: (check one) _____ an annual membership _____ a program

If assistance is requested for annual membership, circle which type: Youth Adult Family

If assistance is requested for a program, identify the program: _____

Session: _____ Dates: _____

Monthly Income from all sources:

Wages/salary/tips \$ _____
Child Support \$ _____
State/Fed Assist. \$ _____
Other \$ _____
TOTAL INCOME \$ _____

Monthly Expenses:

Rent \$ _____
Utilities \$ _____
Transportation \$ _____
Food \$ _____
TOTAL EXPENSES \$ _____

How much do you feel you can afford to pay towards the program? \$ _____

How much do you feel you can afford to pay on a monthly basis toward a membership? \$ _____

On the back of this application explain why you would like to be considered for Financial Assistance at the YMCA, please include any special circumstances.

I certify that the information on this application is true and complete to the best of my knowledge.

Signed: _____ Date: _____