

YMCA OF THE GREATER TWIN CITIES /CAMP ST. CROIX
FINANCIAL ASSISTANCE APPLICATION FORM
532 County Road F
Hudson, WI 54016
715-386-4380-phone | 715-386-4382-fax

CONFIDENTIAL

◆ **PARENT INFORMATION:**

Name(s) _____

Address _____
(Street) (City) (State) (Zip Code)

Phone Number(s) _____
(Daytime #) (Home #)

◆ **CHILDREN INFORMATION:**

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

◆ **EMPLOYMENT:**

Applicant's Information

Are you currently employed? _____ Length of time with company _____

Employer _____ Position _____

Address _____
(Street) (City) (State) (Zip Code)

SPOUSE'S INFORMATION:

Are you currently employed? _____ Length of time with company _____

Employer _____ Position _____

Address _____
(Street) (City) (State) (Zip Code)

Are you or your spouse presently enrolled in school? _____ Full-Time _____ Part-Time _____

◆ **INCOME: Please provide proof of income.**

(Current Federal Income Tax Form 1040 or 1040 EZ or Last 2 Paycheck Stubs)

Monthly Gross \$ _____ Spouse's Monthly Gross _____

Child Support _____ Spousal Support _____

Other monthly income (business income, interest income, etc.) _____

Continued—Other Side

◆ **REGISTRATION INFORMATION:**

Dates Registered _____ Program Name _____

Program Fee \$ _____

Looking at our present financial situation, it appears that I would be able to pay \$ _____

◆ **GENERAL INFORMATION:**

Please share your reason for requesting financial assistance. Be sure to include any information about circumstances relating to this application.

The information I have provided on this form is correct to the best of my knowledge, and I agree to provide additional documentation to verify financial need if required. A copy of the IRS 1040 or 1040 EZ form or two recent paycheck stubs are enclosed.

Applicant Signature _____ Date _____

YMCA Staff Use Only

Amount Awarded: \$ _____ Percent Awarded: _____

Special Notes: _____
