

# YMCA OF GREATER NEW YORK FINANCIAL ASSISTANCE APPLICATION

Name:  Date:

Address:

City, State, Zip:

Preferred Phone #:  -  -

E-Mail Address:

## **MEMBERSHIP**

### **Financial assistance request for:**

- Adult Membership     Family Membership     Senior Membership

### **Requested subsidy percentage for:**

- 5%     10%     15%     20%     Other \_\_\_ %

### **Is this application for a new membership or current membership?**

- New Membership     Current Membership

## **PROGRAMS & CHILDCARE**

### **Financial assistance request for:**

- Camp     8-week programming     Daycare

\* If 8-week programming was selected, then please enter the specific program.

### **Requested subsidy percentage for:**

- 5%     10%     15%     20%     Other \_\_\_ %

### **For Family Membership and Youth or Child Care programs, list all members in household:**

<b><u>First Name</u></b>	<b><u>Last Name</u></b>	<b><u>Relationship</u></b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### **Please share your need for financial assistance.**

**Applicant's Signature:**

### ***For Office Use Only:***

Financial Assistance Granted:  %

Award Dates from  to

Staff Name: