

Need a Helping Hand?



FOR YOUTH
DEVELOPMENT

FOR HEALTHY
LIVING

FOR SOCIAL
RESPONSIBILITY

**Winthrop Area YMCA
KIDS CLUB
29 Town Hall Lane
Winthrop, ME 04364
207-377-9686
lonneysteeves@gmail.com**

Funds for scholarships come from our annual support campaign and
We are a partner agency of the **KENNEBEC VALLEY UNITED WAY**

Please be advised that no application will be processed without all the required
attachments; incomplete applications will be returned

FINANCIAL ASSISTANCE APPLICATION

Please Print

Name: _____
Last First MI

___ Single ___ Married ___ Divorced

Spouse/Roommate Name: _____
Last First

MAILING ADDRESS _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Assistance is for (please list CHILD `S NAME) _____

Please list ALL Dependents (whether or not they are to be assisted) Relationship Age Sex

EMPLOYMENT:

Your employer: _____ Spouse/Roommate Employer: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Phone: _____ Phone: _____

How long employed: _____ How long employed: _____

Are you enrolled in school? _____ Full time: _____ Part-time: _____ Financial Aid: _____ Amount of aid: _____

INCOME:

Yours

Spouse's/Roommate's

Family Size: _____

Yearly Gross Salary/Wages: _____

Other Income (Gov't Asst): _____

Alimony, Child Support: _____

Social Security, Pension, etc. _____

Unemployment Compensation: _____

Do you receive other aid, such as food stamps or housing assistance? _____

Please list type and amount per month: _____

Other Income _____

EXPENSES:

List you main monthly expenses:

Item: _____ Explanations: _____

Housing: _____

Food: _____

Utilities: _____

Transportation: _____

Special Circumstances/Hardship: _____

Other (explain): _____

What can you pay per week for KIDS CLUB? _____

How many days per week will you use KIDS CLUB _____?

The information I have provided on this form is complete and correct and I agree to provide additional documentation, as stated below to verify need of financial assistance. I understand that the YMCA provides financial assistance to the extent that resources are available and that the YMCA reserves the right to refuse assistant to any applicant.

All scholarship applications will be reviewed confidentially.

All scholarships will be given on a need's basis

Our policy is to provide only partial scholarship. You would pay \$10.00 per day.

If I fail to make payment for 3 consecutive weeks, I will lose my scholarship funds and pay full cost for the remainder of the year.

Applicant's Signature: _____ Date: _____

FORM OF VERIFATION MUST BE ATTACHED :

- Two recent paycheck Stubs with Year to Date Earnings.
- Latest Tax Return
- Any supporting documentation (SS Determinations, Court Finds, Medicaid etc)

FOR OFFICE USE ONLY

Record number: ___-_____-(_)

Assistance Approved: Yes No

If yes, how much assistance will be given: \$ _____

Notes:

Executive Director's Signature

Date