

MEMBERSHIP FINANCIAL AID APPLICATION

The YMCA of Greater Springfield believes in making our programs and services affordable for all. We will not turn anyone away based on inability to pay full fees. Financial Aid is made possible through the generous contributions of YMCA donors. Please print all information and answer all questions. **Be certain to attach required documents**. Thank you.

ADDRESS:Street	Town	 State	Zip Code
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PHONE: EMA	IL:		
I am applying for:			
Membership (List membership type)	Program	ns (List type of programs)	
*PLEASE LIST ALL MEMBERS OF YOUR HOU	ISFHOLD		
NAME	SCHOOL/EMPLOYER DATE OF BIRTH		
Please List Your Monthly Household Income:			,
Gross wages, salary and tips	 	Please detail any special circumstances	
Unemployment compensation		which we should know to make an	
Social Security/SSI		informed decision	n on your application
Child Support			
TAFDC, EAEDC			
Retirement Income			
Other Income			
Total Monthly Income			
Total Annual Income			
IMPORTANT: To complete your application you must at most recent month's earnings. If you are receiving TAFE of (grant notification forms). For child support or alimon	C, EAEDC, unemplo	yment, and/or social security,	
NOTE: If needed, you may be asked to bring in more info I attest that all the information above provided is true:	rmation to complete	the process of your application	on.