



**FINANCIAL ASSISTANCE APPLICATION**

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State Maine Zip \_\_\_\_\_  
 Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Email \_\_\_\_\_  
 Your D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Name of 2<sup>nd</sup> Adult in Household \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Application for financial assistance is for?**

**Membership Type:** Youth \_\_\_\_\_ Young Adult \_\_\_\_\_ Adult \_\_\_\_\_ Family \_\_\_\_\_ Senior \_\_\_\_\_

**Program Fees** (i.e. Swim Lessons, Youth Basketball, Day Camp etc.): \_\_\_\_\_

<u>INCOME</u>	<u>YES</u>	<u>NO</u>	<u>You</u>	<u>2<sup>nd</sup> ADULT</u>
What is the average amount of hours you work per week?	<input type="checkbox"/>	<input type="checkbox"/>	/Wk	/Wk
What is your hourly wage?	<input type="checkbox"/>	<input type="checkbox"/>	/Hr	/Hr
Do you receive Social Security?	<input type="checkbox"/>	<input type="checkbox"/>	/Mo	/Mo
Do you receive Welfare?	<input type="checkbox"/>	<input type="checkbox"/>	/Mo	/Mo
Do you receive Child Support or Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	/Mo	/Mo
Do you receive Food Stamps?	<input type="checkbox"/>	<input type="checkbox"/>	/Mo	/Mo
Do you receive Pension?	<input type="checkbox"/>	<input type="checkbox"/>	/Mo	/Mo
Do you receive Family Support?	<input type="checkbox"/>	<input type="checkbox"/>	/Mo	/Mo
Is there any other funding you receive?	<input type="checkbox"/>	<input type="checkbox"/>	/Mo	/Mo

***PLEASE PROVIDE a copy of your last 4 pay stubs & proof of ANY and ALL income.***

If you receive funding from an agency (such as DHHS) that could help pay for your membership or program fees, please list:

**DEPENDENTS** Please list your household dependents.

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M/F \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M/F \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M/F \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M/F \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M/F \_\_\_\_\_

**Are you interested in volunteering?** \_\_\_ Yes \_\_\_ No     If Yes, indicate which program areas:  
 \_\_\_ Youth Sports Coach    \_\_\_ Scorekeeper/Timer/Officiating    \_\_\_ Maintenance  
 \_\_\_ Triple Crown Series (5K & Fun Runs)    \_\_\_ Member Service (phone calls, mailings etc.)  
 \_\_\_ Fund Raising    \_\_\_ Fitness Center    \_\_\_ Swim Lessons    \_\_\_ Family Fun Nights  
 Other: \_\_\_\_\_

**Why are you applying for financial assistance & what benefits do you see in becoming a YMCA member or participant?**

**APPLICATION'S STATEMENT**

I certify that all the information provided is true, and that I am responsible to notify the Auburn-Lewiston YMCA of any changes to my family or financial status immediately should they occur. In consideration of gaining membership or being allowed to participate in activities and programs of the Auburn-Lewiston YMCA I do hereby waive, release and forever discharge the Auburn-Lewiston YMCA and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any Auburn-Lewiston YMCA activities or use of YMCA equipment. I agree to adhere to all policies set by the Auburn-Lewiston YMCA. I give permission to the Auburn-Lewiston YMCA to use photographs and/or videos of myself and above listed family members for promotion, public relations, records, or other legitimate purposes. I fully understand that there is no monetary payment to be made to me or anyone for my appearance in said photographs or films.

• Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
 Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**OFFICE USE ONLY**

<b>Membership Type:</b>	<b>Program:</b>
<b>Monthly EFT @ \$</b>	<b>Program Fees: \$</b>
<b>Subsidy %</b>	<b>Subsidy %</b>
<b>Applicant's Contribution: \$</b>	<b>Applicants Contribution: \$</b>