

Kentucky YMCA Youth Association, Inc.

APPLICATION FOR FINANCIAL ASSISTANCE

The Kentucky YMCA is a not for profit organization committed to enabling access to our programs to all interested students. Need-based financial assistance is available. In order to be considered for financial assistance, a student and his/her parent or guardian must fully complete the Application for Financial Assistance and submit it to the Kentucky YMCA. The Board of Directors of the Kentucky YMCA has designated contributed funds to insure that those unable to pay the stated fees are able to participate in the wide range of teen programs offered by this Association. All information on this form is strictly confidential.

ALL INFORMATION IS REQUIRED

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR FINANCIAL ASSISTANCE.

Date ___/___/___
Applicant's Name: _____ Grade: _____
Date of Birth: ___/___/___ For which program are you applying for assistance? _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Applicant's School: _____ Advisor: _____
Parent/Guardian A Name _____
Phone _____
Employer _____
Employer Phone _____
Parent/Guardian B Name _____
Phone _____
Employer _____
Employer Phone _____
List Last Year's Total Household Taxable Income: \$ _____
(Federal Form 1040 Line 43)

****Applications showing income levels over \$60,000 will only be considered in extreme hardship circumstances****

Number of dependents in household (including applicant) _____
Describe the circumstances which should be considered in making a financial assistance determination. I.e. illness/disability/medical bills, unemployment, etc. Continue on back if necessary.

****You must include a written description in order to be eligible for assistance. ****

Student signature

Parent signature

**Please mail to: Kentucky YMCA Youth Association, Inc. OR FAX (502) 227-7030
P.O. Box 4285 Frankfort, KY 40604 Phone (502) 227-7028**