

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

Requested subsidy percentage for:

- 5% 10% 15% 20% Other ___ %

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

<u>First Name</u>	<u>Last Name</u>	<u>Relationship</u>
<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: