



FINANCIAL ASSISTANCE APPLICATION

The YMCA of Montclair believes in providing membership and program services to all who desire to participate. The financial assistance program, supported in part through donation to the Annual Campaign, provides membership and program services to those in need within our available resources.

CONTACT INFORMATION

Applicant's Name _____

Address Street _____ Apt _____

City _____ State _____ Zip _____

Preferred Phone _____ Alternate Phone _____

Email Address (All financial assistance notifications will be sent by e-mail) _____

CURRENT STATUS (Please check one)

- I am not currently receiving any YMCA Financial Assistance
- I am currently receiving YMCA financial assistance and this application is for:
 - Renewal or Request for another program

Requesting Financial Assistance for (please check one):

- Adult Membership Family Membership Youth Membership
- Other Program (list)

Cost of Membership or Program \$ _____

This request is for (fill in name) _____ Date of birth ____ | ____ | ____

LIST ALL HOUSEHOLD MEMBERS Including applicant

First Name	Last Name (if different)	Relationship
1.		
2.		
3.		
4.		
5.		

