

Kentucky YMCA Youth Association, Inc.

APPLICATION FOR FINANCIAL ASSISTANCE

The Kentucky YMCA Youth Association 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.

Date _____ For which program are you applying for assistance? _____ Grade _____

Please complete in blue or black ink.

Applicant's Name _____
(Last) (First) (Date of birth)

Home Address _____
(Street Address) (City) (Zip)

Telephone _____ Email _____

Applicant's School _____ Advisor _____

Parent/Guardian A Name _____
(Last) (First) (Employer)

Parent/Guardian B Name _____
(Last) (First) (Employer)

THE FOLLOWING INFORMATION IS REQUIRED

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR FINANCIAL ASSISTANCE.

List Last Year's Household Taxable Income: \$ _____
(This amount should come from federal form 1040, line 43 OR federal form 1040EZ, line 6)

Applications showing an income level of over \$70,000 will be considered only with extreme hardship circumstances

Number of children in household (including applicant) _____

Please describe the circumstances which should be considered in making a financial assistance determination. **This information is required, regardless of income level.** Continue on back if necessary.

Applicant signature _____

Parent/Guardian signature _____

Please mail to: Kentucky YMCA Youth Association, Inc. • P.O. Box 4285 • Frankfort, KY 40604
OR fax to: (502) 227-7030
OR Email to: ph@kyyymca.org

Phone (502)227-7028