THE Y IS HERE FOR ALL.

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Greater Monmouth County is dedicated to helping all community members access facilities and programs that nurture potential and help families to live healthier together. We welcome all to the Y, regardless of the ability to pay.

Our scholarship program based on household financial need is funded through the generosity of YMCA donors. To ensure we are responsible stewards of available funds and compliant with tax-exempt requirements, we ask our applicants to provide documentation to verify household income. Every member can feel confident that the Y serves the community equitably, sensitively and with care for the well-being of all.

There are two types of Scholarship verification, Express or Traditional.

We will require the following for traditional verification:

- **Most recent tax return: First two pages of Forms 1040 or 1040A**
  - **Self-employed individuals must include Schedule C**
- **Two most recent pay stubs, or letter from employer verifying income**
- **Other income verification (if applicable)**
  - **SSI or Disability Statement**
  - **Unemployment Benefits**

All applications can be accepted at the welcome center of your local YMCA. You can also send your documents electronically as needed. Should you need further assistance, call YMCA Team Headquarters at 732.671.5505.

Applicants should be notified of a decision within seven (7) days.

919-4821-THQ

YMCA OF GREATER MONMOUTH COUNTY
170 Patterson Avenue
Shrewsbury NJ 07702

732.671.5505
info@ymcanj.org

ymcanj.org

Here for all.
Financial assistance is offered based on availability of funds.

YMCA OF GREATER MONMOUTH COUNTY

FINANCIAL ASSISTANCE APPLICATION

OUR MISSION: To put Judeo-Christian principles into practice through programs that build a healthy spirit, mind and body for all.

FOR YOUTH DEVELOPMENT®
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	SELECT YOUR BRANCH		
Today's Date	☐ Arts & Outreach	☐ Counseling & Social Services	☐ Bayshore Family Success Center
	☐ Camp Topanemus	☐ Freehold Family YMCA	☐ YMCA Community Outreach
	☐ Camp Zehnder	☐ Old Bridge Family YMCA	☐ Freehold Child Enrichment Center
	☐ Swim Team	☐ Red Bank Family YMCA	☐ Matawan Children's Achievement Center

HOUSEHOLD INFORMATION

Primary Adult Name	**Birth Day** mm/dd/yy	
E-mail	**Phone:** ( ) -	☐ Mobile
Address	**Unit #**	
City	**State**	**Zip**
Preferred Contact Method: ☐ E-mail ☐ Phone		
House Member 1	**Birth Day** mm/dd/yy	☐ Under 18
House Member 2	**Birth Day** mm/dd/yy	☐ Under 18
House Member 3	**Birth Day** mm/dd/yy	☐ Under 18
House Member 4	**Birth Day** mm/dd/yy	☐ Under 18
House Member 5	**Birth Day** mm/dd/yy	☐ Under 18
Are you currently a YMCA member? ☐ Yes ☐ No		

FINANCIAL ASSISTANCE REQUESTED

Membership Type:
☐ Youth (0-13) ☐ Teen (14-18) ☐ Young Adult (19-29) ☐ Adult (30-61) ☐ Senior (62+) ☐ 2P Adult ☐ 2P Senior ☐ Family

Program Name:	**Participants:**
Program Name:	**Participants:**
Program Name:	**Participants:**

YOUR PERSONAL STORY

Tell us how you feel financial assistance could benefit your household:

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HOUSEHOLD INCOME

All adults requesting financial assistance must provide verification of income. Please disclose all sources of income.

Adult Name	Income Type	Amount/Frequency	Annual Income	Verified? Staff Initial/date
Current Household Annual Income:				
Recent Federal Tax Return – Adjusted Gross Income (AGI)*:				
*Traditional applications only. To locate AGI by Tax Return Type			Form 1040, line 37 Form 1040A, line 21 Schedule C, line 31	

SHOULD I NEED TO CONTINUE ASSISTANCE, I UNDERSTAND THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS. MEMBERSHIP FEES ARE SUBJECT TO CHANGE ON MY ANNIVERSARY DATE WITHOUT RENEWAL. I certify that the above information is true and complete to the best of my knowledge, and that I, along with other adults listed, do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarships are awarded based on need. In the event that I, or my children, must cancel my/our participation, I will contact the YMCA immediately so that assistance can be applied to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature	Date

YMCA OFFICE USE ONLY

Application Review (print name)			Member Contact Date
Household FT-ID			☐ Declined (reason):
☐ Approved:	Membership	%	
	Program	%	
Final Review/Authorization (Print Name)			Redeem by: