

Financial Assistance Applicant:

Each year the United Way of Morris County and the LHFYMCA Scholarship Fund provide financial assistance for YMCA membership, childcare and other programs. At the Lakeland Hills Family YMCA it is our goal that no individual or family be denied membership or programs due to an inability to pay. The YMCA responds to every scholarship request, although assistance is limited by the financial resources of the YMCA. All applications are confidential.

To be considered for funding, fill out the attached financial assistance application and submit it with the supporting documents, outlined on the last page, as soon as possible.

Taking and/or filling out a financial assistance application does not register you or your child for membership or a program. You must go through the register procedure and, where applicable (child care, camp, etc.) leave a deposit to hold a spot for your child. If you register for a program with a deposit and after receiving funding information, are not able to afford the program, we will refund your deposit. You will have two weeks from the date of your funding notification letter to request a returned deposit. After that time deposits are non-refundable.

Please contact Nancy Dunham or Katie McKoy at the YMCA with any questions (973-334-2820).

LAKELAND HILLS FAMILY YMCA
100 FANNY ROAD, MTN. LAKES, NJ 07046
(973) 334-2820

Financial Assistance Application

Information:

Name: _____ M/F _____ Birth date _____

Street Address: _____ Phone: _____

_____ Town: _____

SS#: _____ Annual Income: _____

All other monies received (i.e. child support, alimony, state/fed aid): _____

Employer: _____ Phone: _____

Of children supported: _____ Children's Ages: _____

Spouse's Name: _____ M/F _____ Birth date _____

Street Address: _____ Phone: _____

_____ Town: _____

SS#: _____ Annual Income: _____

All other monies received (i.e. child support, alimony, state/fed aid): _____

Employer: _____ Phone: _____

Of children supported: _____ Children's Ages: _____

Children's Information:

Name: _____ M/F _____ Birth date & Upcoming grade: _____

Name: _____ M/F _____ Birth date & Upcoming grade: _____

Name: _____ M/F _____ Birth date & Upcoming grade: _____

Name: _____ M/F _____ Birth date & Upcoming grade: _____

Name: _____ M/F _____ Birth date & Upcoming grade: _____

Name: _____ M/F _____ Birth date & Upcoming grade: _____

Assistance Request for:

Applying for assistance with?
Specify Area: (Membership & Type, Camp,
Childcare, Swim Lessons, Swim Team, etc.)

Family Member:

Reason applicant needs or could benefit from program:

Special needs/interests of applicant: (Swim Team applicants - use this area to discuss team dedication,
volunteerism, etc.)

Unusual financial hardships:

Other helpful information:

Amount applicant could pay toward membership/program: _____

The information listed above is correct to the best of my knowledge.

Signature

Date

Attach following supporting documents to completed and signed form:

- 1) Copies of all W2 forms from previous year
- 2) Copies of two most recent pay stubs and/or support checks
- 3) Copy of tax return from previous year
- 4) Copies of information on any stocks, bonds or additional assets

Completed forms and supporting data should be returned to the Lakeland Hills Family YMCA,
Attn: Nancy Dunham
