



For Office Use Only

Date Contacted: _____

Expires: _____ Initials: _____

Used: _____ Initials: _____

**NORTHERN LIGHTS YMCA - DELTA CENTER
FINANCIAL ASSISTANCE APPLICATION**

Date _____

Name _____ Phone# _____

Address _____

City _____ State _____ Zip _____

Email _____

Financial Assistance Requested For: Check One

___ Family Membership ___ Senior Membership (Over 65) ___ Adult Membership

___ Young Adult (12 - 21 Yr.) ___ Youth (11 Yr. And Younger)

___ Program Assistance: List Program Here: _____ **Member? Y or N**

Session Dates & Times _____

Income Information:

Total Number in Household _____ Total Gross Mntly Inc. \$ _____ Source(s) _____

Place(s) of Work _____

Attach Most Recent Income Tax Return or 2 concurrent Check Stubs or Letter from DHS or Soc. Sec.

I am requesting this assistance for:

Name _____ DOB _____

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Cost of Membership or Program _____

Applicant Cost _____

Quarter Renewed 1 2 3 4

Approved _____ Disapproved _____ Card Charge _____

Reason _____

What Could You Contribute Toward Your Fees: \$ _____ Per Month \$ _____ Per Session

Please list any special circumstances that contribute to your request for assistance.

Would You Be Willing To Help By Volunteering 3-6 hrs. Per Week? Yes ___ No ___

What Would This Assistance Mean To You or Your Family?
