

Kentucky YMCA Youth Association, Inc.

APPLICATION FOR FINANCIAL ASSISTANCE

The Kentucky YMCA Youth Association provides programs and services, which are designed to benefit persons of all backgrounds. Fees are based on the cost of providing each program. 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? _____

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

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

Applicant's School _____
(Grade)

Parent/Guardian Name _____
(Last) (First) (Telephone)

Father Employer _____
(Name) (Business Address) (Telephone)

Mother Employer _____
(Name) (Business Address) (Telephone)

THE FOLLOWING INFORMATION IS REQUIRED **INCOMPLETE APPLICATIONS *WILL NOT* BE CONSIDERED FOR FINANCIAL ASSISTANCE.**

List Last Year's Household Taxable Income: _____

Applications showing income levels over \$60,000 will be considered in 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. Continue on back if necessary.

Student Parent

Please mail to: Kentucky YMCA Youth Association, Inc. OR FAX (502) 227-7030
P.O. Box 4285
Frankfort, KY 40604 Phone (502) 227-7028