

LAKELAND HILLS FAMILY YMCA

100 Fanny Road, Mtn. Lakes, New Jersey 07046 (973) 334-2820

FINANCIAL ASSISTANCE APPLICATION

With a commitment to nurturing the potential of kids, promoting a healthy living and fostering a sense of social responsibility, the Lakeland Hills YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive. As much as we would like to provide each applicant with assistance, please be aware that our Annual Scholarship Fund is limited.

The Board of Directors conducts an Annual Support Campaign to raise funds to give back to the community and to meet the YMCA's mission. Assistance is based upon need and the availability of funds.

Eligibility:

- Assistance is granted based on financial need. We consider household income and number of dependents as primary criteria. Assistance is given based on a sliding scale. Only dependents listed on the tax return will be considered.
- 2. Assistance is granted for one year or less. Upon expiration, the recipient must apply with all new and current information for the upcoming year. After a year, the assistance will expire if no action is taken. We recommend that you reapply one month before the assistance expires to prevent a lapse.
- 3. Family memberships include only those that you claim as a dependent on your income taxes. All others will need to apply separately.

How to Apply:

Complete and sign application. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

- Attach a copy of last year's tax return, last year's W2 form, two most recent pay stubs and any other income verification information. If you do not file a tax return and/or receive social security, disability or other income, attach a copy of your most recent benefit statement for income verification or attach a letter with an explanation if not receiving benefits. If no income, please attach a letter stating why.
- 2. Allow up to 2 weeks for processing.
- 3. If awarded a membership/program assistance, you will receive a letter or phone call when approved.

If you have questions or need assistance, please call or email Membership Administrator, Nancy Dunham at (973) 507-7021/nancyd@lhymca.com.



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ast Name			First Name			Middle Initial	
Date of Birth Sex: M	F Ist	this	assist	ance re	equest a re	newal: Yes No	
Address		Apt	. C	ity	State	Zip Code	
Home Phone Number A	Alt. Phor	ne N	lumbe	r Em	ail Address	3	
LEGAL DEPENDENTS							
	200	CDADE		GEW.	MEMBERSHIP OR PROGRAM TYPE APPLYING FOR		
NAME	DOB	GF	RADE	SEX	APPLYIN	IG FOR	
	1						
	1	1			.		
APPLICANT'S EMPLOYME	NT IN	=OR				1	
Employer:			Phone: Hours Weekly:				
Occupation: Total Annual Income from			Other Income (Child Support, Public				
Employment:			Asst., Etc.):				
SPOUSE'S INFORMATION	I						
Name:				Date of Birth:			
Employer:			Phone:				
Occupation:			Hours Weekly:				
Total Annual Income from Employment:			Other Income (Child Support, Public Asst., Etc.):				

Additional information that could be considered in the assistance approval process (special needs, unusual hardships, etc.) and a description of how financial assistance for YMCA participation will benefit you and your family.
PLEASE ATTACH INCOME VERIFICATION DOCUMENTS INCLUDING: Last year's tax return, last year's W2 form, two most recent pay stubs and any other income verification information.
I hereby certify that the information in this application is true, accurate and complete to the best of my knowledge.
Signature