

YMCA OF RAPID CITY FINANCIAL ASSISTANCE APPLICATION

All questions on the application must be completed. **Please PRINT.** Applicant is responsible upon completion of this form to return it to the YMCA along with a copy of the most recent form 1040, 1040A, or 1040EZ Tax Return. If you did not file a tax return, we will need a copy of state assistance documents (SSI, food stamps, etc). If the application is approved, you will be notified by phone or email. In order for the application to be processed, **the application must be completed in full with proof of income as stated above.**

Did you file a Federal Income Tax Return this past year? Yes ___ No ___

Can you be claimed on someone else's tax return? Yes ___ No ___

Name	Spouses Name
Date of Birth	Date of Birth
Address	Address
Telephone	Telephone
Employer	Employer
Work Phone	Work Phone
Email	Email

Dependant children in household	Birthdate	Age	Grade and school child attending

GENERAL INFORMATION

Current YMCA member Yes ___ No ___ Prior YMCA member Yes ___ No ___

Family status: Married ___ Single Parent ___ Single ___

Employment status:

Employed full time ___ Employed part time ___ Unemployed ___

Full time student ___ Part time student ___ Other ___

Please share your reason for financial assistance _____

The information I have provided on this form is correct and I agree to provide additional documentation to verify my financial situation upon request.

Applicant Signature _____ Date _____