



Greater Lowell Family YMCA School Age Program
Financial Assistance Application
 (all information provided below is confidential)

Date: _____

Name: _____ Phone Number: () _____

Address: _____
 Street City State ZIP

Employer: _____ Phone Number: () _____

Have you ever received assistance from the YMCA? Yes No
 If yes, when and for what? _____

Which program are you requesting financial assistance for?

Lowell School Age Program _____ Tyngsboro School Age Program _____ Preschool _____
 Lowell Summer Camp Program _____ Tyngsboro Summer Camp Program _____

Current Household: # of adults: _____ # of children: _____

FINANCES (by month)

Income:

Total Monthly Household Wages: \$ _____
 Monthly Child Support: \$ _____
 Other Monthly Income: \$ _____

Expenses:

Rent/Mortgage: \$ _____
 Food: \$ _____
 Medical: \$ _____
 Car: \$ _____
 Tuition: \$ _____
 Utilities: \$ _____
 Other: \$ _____

Total Monthly Gross Income: \$ _____ Total Monthly Expenses: \$ _____

Optional Information:

Ethnicity: White Asian African American Hispanic/Latino Alaskan Native Native Hawaiiin
 Female Head of Household? Yes no

Please list any extenuating circumstances that are not listed above: _____

Please attach your most recent 1040 Federal Tax Return (tax returns will be returned to the applicant), as well as copies of your latest paycheck and checking/savings account statement. If you are exempt from paying taxes, please send verification of income received from federal, state or local agencies.

To the best of my knowledge, the above information is correct.

 Signature of Applicant

 Date

Please return to: Greater Lowell Family YMCA 35 YMCA Drive Lowell, MA 01852 Attn: Dept Head