

# Need a Helping Hand?



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Winthrop Area YMCA  
KIDS CLUB  
29 Town Hall Lane  
Winthrop, ME 04364  
207-377-9686

KENNEBEC VALLEY UNITED WAY AGENCY

Please be advised that no application will be processed without all the required attachments;  
incomplete applications will be returned

***Our policy is that we will grant up to 50% scholarships.***

**FINANCIAL ASSISTANCE APPLICATION**

**Please Print**

Name: \_\_\_\_\_  Single  Married  Divorced  
Last First MI

Spouse/Roommate Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Assistance is for (please list) \_\_\_\_\_

<u>Please list ALL Dependents (whether or not they are to be assisted)</u>	<u>Relationship</u>	<u>Age</u>	<u>Sex</u>

**EMPLOYMENT:**

Your employer: \_\_\_\_\_

Spouse/Roommate Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

How long employed: \_\_\_\_\_

How long employed: \_\_\_\_\_

Are you enrolled in school?  Full time:  Part-time:  Financial Aid:  Amount of aid: \_\_\_\_\_

**INCOME:**

*Yours*

*Spouse's/Roommate's*

Family Size: \_\_\_\_\_

\_\_\_\_\_

Yearly Gross Salary/Wages: \_\_\_\_\_

\_\_\_\_\_

Other Income (Govt Asst): \_\_\_\_\_

\_\_\_\_\_

Alimony, Child Support: \_\_\_\_\_

\_\_\_\_\_

Social Security, Pension, etc. \_\_\_\_\_

\_\_\_\_\_

Unemployment Compensation: \_\_\_\_\_

\_\_\_\_\_

Do you receive other aid, such as  
food stamps or housing assistance? \_\_\_\_\_

\_\_\_\_\_

Please list type and amount per month: \_\_\_\_\_

\_\_\_\_\_

Other Income \_\_\_\_\_

\_\_\_\_\_

**EXPENSES:**

List you main monthly expenses:

Item:

Explanations:

Housing: \_\_\_\_\_

\_\_\_\_\_

Food: \_\_\_\_\_

\_\_\_\_\_

Utilities: \_\_\_\_\_

\_\_\_\_\_

Transportation: \_\_\_\_\_

\_\_\_\_\_

Special Circumstances/Hardship: \_\_\_\_\_

\_\_\_\_\_

Other (explain): \_\_\_\_\_

\_\_\_\_\_

What can you afford to pay towards the KIDS CLUB per week? \_\_\_\_\_

How did you hear about the assistance program? \_\_\_\_\_

The information I have provided on this form is complete and correct and I agree to provide additional documentation, as stated below to verify need of financial assistance. I understand that the YMCA provides financial assistance to the extent that resources are available and that the YMCA reserves the right to refuse assistant to any applicant.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORM OF VERIFICATION MUST BE ATTACHED:**

- Two recent paycheck Stubs with Year to Date Earnings.

<b>FOR OFFICE USE ONLY</b>	
Record number: ___ - _____ - (___)	Type: ___ AS – Annual Support
Assistance Approved: ___ Yes ___ No	___ UW – United Way
If yes, how much assistance will be given: \$ _____	
Assistance will be used toward the following Membership or Program service(s): _____ _____	
Notes:  _____	
Executive Director's Signature _____	Date _____

