



**Greater Morristown YMCA**

*For Youth Development  
For Healthy Living  
For Social Responsibility*

**Financial Aid Application**

2011

Financial Aid is offered twice a year in January and in June. All scholarships are good for six months.

Please note: filling out our Financial Assistance Application does NOT guarantee scholarship assistance. A review of the application will follow submission and you will be contacted concerning the outcome.

Financial Aid applies to only those who reside in: Cedar Knolls, Morristown, Morris Township, Morris Plains, Whippany, Convent Station, East Hanover, Mendham, Chester and sections of Harding Township.

**RECIPIENT'S INFORMATION**

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ OTHER PHONE# \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HOUSEHOLD INFORMATION: (Please list all members of household)

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MARITAL STATUS:  MARRIED  SEPARATED  DIVORCED  OTHER

**EMPLOYMENT INFORMATION**

PLACE OF EMPLOYMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

SPOUSE'S PLACE OF EMPLOYMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

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**FINANCIAL INFORMATION**

Please include gross household income from all sources

SALARY	\$ _____	PER YEAR
SOCIAL SECURITY	\$ _____	PER YEAR
UNEMPLOYMENT	\$ _____	PER YEAR
PUBLIC ASSISTANCE	\$ _____	PER YEAR
CHILD SUPPORT	\$ _____	PER YEAR
DISABILITY	\$ _____	PER YEAR
OTHER _____	\$ _____	PER YEAR
<b>TOTAL</b>	<b>\$ _____</b>	<b>PER YEAR</b>

The following documents must be submitted with this financial aid application. The Greater Morristown YMCA will verify all documents submitted for accuracy.

- Copy of W2 Form (Current and last years)
- Copy of Original 1040 Form (Current and last years)
- Copy of tax return (Current and last years)
- Copy of pay stubs (Current and last)
- Copy of other income source (social security, welfare card, child support\* etc.)
- Copy of divorce decree or separation agreement
- Rent receipt or copy of lease
- Copy of driver's license
- Copy of auto insurance policy
- Copy of phone bill and/or cell phone bill
- If separated, please provide proof of spouse's utility bill at different address (i.e. Gas, Electric)
- Proof of U.S.citizenship

\*= If no support is received, please submit a letter explaining the reason and documentation of efforts to collect.

Please list current work schedule: \_\_\_\_\_  
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**ADDITIONAL INFORMATION**

Please use this space to list any other information that may pertain to this application.  
Additional pages may be attached.

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I certify that the information provided in this application and the attachments are complete and true to the best of my knowledge. I agree to inform the Greater Morristown YMCA of any changes that may effect the information given.

Recipient's signature

Date

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