

**GREATER HOLYOKE YMCA
AFTERSCHOOL / SUMMER CAMP FINANCIAL ASSISTANCE FORM**

The Greater Holyoke YMCA offers scholarship assistance for school-age children of parents who are working or furthering their education. This application must be completed in its entirety and proof of income must be attached in order to be considered for assistance. Any questions should be directed to Cheryl Labrie at 534-5631, x 109.

Parent/Guardian Name _____

Address _____ City _____

Home or Cell Phone # _____ Work Phone # _____

Number of household members: Parents _____
Dependents (ages 18 & under) _____
(Please attach copies of birth certificates)

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Names of Children Requiring Financial Assistance:	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Household Weekly Gross Wages:

1 st Parent Salary	\$ _____	<i>**One month's proof of income must be attached to this application in order to be considered for financial aid.</i>
Spouse's Salary	\$ _____	
Child Support	\$ _____	
Other Income	\$ _____	

REQUIRED: IN ORDER TO BE ELIGIBLE FOR ASSISTANCE, THE FOLLOWING STATEMENT MUST BE COMPLETED:

Please explain the reasons for requesting financial aid: _____

I attest that all statements made by me on this application are true.

Signature **Date:** _____