

Date: _____



The YMCA of McHenry County
701 Manor Street
Crystal Lake, IL 60014
Telephone (815) 459-4455

A copy of last year's Federal Tax Form and most recent pay stub must accompany this form.
If receiving State Aid, please submit verification of benefit amount. This will not be processed without your Federal Tax Form.

All information given on this request is confidential and will be used only for determining financial aid benefits at the YMCA of McHenry County. Your request will be reviewed and a recommendation will be made. Any incorrect or omitted information may disqualify you. An incomplete form will not be processed. Forms without the proper documentation will not be processed. Allow 2 weeks for processing. If you have any questions, please call Pat at 815 459-4455, x16.

FAMILY INFORMATION (Please print all information)

Name _____ Address _____

Town _____ Day Time Telephone # _____

Marital Status: Married Divorced Widowed Single Separated **Current YMCA Member**

FINANCIAL AID IS REQUESTED FOR:

Membership Classes Day Camp Before/After School Care

NAME, AGE AND RELATIONSHIP

- 1. Name _____ Age _____
- 2. Name _____ Age _____
- 3. Name _____ Age _____
- 4. Name _____ Age _____
- 5. Name _____ Age _____
- 6. Name _____ Age _____

FINANCIAL INFORMATION

List ALL sources of Family income:

- Salary/Wages _____
- Child Support _____
- Social Security _____
- Public Aid _____
- Food Stamps _____
- Rental Assistance _____
- Other** _____

List any EXTRAORDINARY family (medical bills, attorney fees, etc.)

- _____
- _____
- _____

TOTAL FAMILY INCOME _____

(Submit Verification of Above Information)

EMPLOYMENT INFORMATION:

HUSBAND

Company's Name _____ Address _____
Town _____ Telephone # _____
Supervisor's Name _____ Annual Gross Income _____

WIFE

Company's Name _____ Address _____
Town _____ Telephone # _____
Supervisor's Name _____ Annual Gross Income _____

OTHER EMPLOYED FAMILY MEMBERS

Company's Name _____ Address _____
Town _____ Telephone # _____
Supervisor's Name _____ Annual Gross Income _____

Please use the space below to explain any additional information you feel we need.

I understand and agree that any omissions or incorrect statements made on this form may invalidate my request for scholarship assistance. I hereby authorize The YMCA Of McHenry County to share the above information as it relates to assistance requested and services rendered with other agencies through the Provider Communication Network.

Husband

Wife