

Date: \_\_\_\_\_



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

Copies of your last two year's Federal Income Tax Forms 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 Forms. **If you are applying for day camp or before & after school, you must first apply with childcare resource and referral subsidy, 800 848-8727. If they reject you, please include the rejection letter with this application.**

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