



Financial Assistance Application

Tri-County YMCA Street: 200 Carl's Lane Mailing: PO BOX 737 Scott Depot, WV 25560  
(304)757.0016 [www.tri-countyymca.org](http://www.tri-countyymca.org)

Personal Information:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Marital Status: (circle one) Single Married Separated Divorced Widowed  
Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

List names of dependents you claim on your Federal income tax return (last name as well if different from applicant) date of birth and gender.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Please indicate area(s) of interest for the Financial Assistance: (circle all that apply)

Membership                      Programs                      Camp High-Tor                      After-School.

\*\*Please be aware that if you are seeking Financial Assistance for Camp High-Tor or After School you must provide documentation of an award or denial letter from the Department of Health and Human Resources (DHHR) from Link (Putnam County) or Connect (Kanawha County) please contact them at 1.800.894.9540 for further details.

Applicant/Primary Employment Information:

- Company's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_
- Years/Months Employed: \_\_\_\_\_ yrs. \_\_\_\_\_ months Weekly Hours Worked: \_\_\_\_\_
- Annual Wages: \_\_\_\_\_

Spouse/Secondary Employment Information:

- Company's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_
- Years/Months Employed: \_\_\_\_\_ yrs. \_\_\_\_\_ months Weekly Hours Worked: \_\_\_\_\_
- Annual Wages: \_\_\_\_\_



YOU MUST PROVIDE PROOF OF INCOME OR APPLICATION WILL BE RETURNED AS DENIED.

Please submit the following:

- Two most recent pay stubs for each contributing adult.
- Copy of IRS tax return.
- Bank statements indicating direct deposit of Social Security or Disability income, if applicable.
- Documentation verifying supplemental income such as SNAP benefits.

My signature below affirms the preceding information is true. I understand that the information will be used confidentially by authorized personnel for consideration in granting financial assistance. I understand that if any information is found to be false, my membership and/or program participation can be terminated. I understand that I must notify the Tri-County YMCA of any changes in family or financial status immediately.

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Applicant Signature

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Date