



## Ridgewood YMCA K-8 Solutions Financial Assistance For All Application

Please complete in full this application, **attach all necessary documents** (photocopies only) and return to:  
Ms. Megan Heller, Membership Director, Ridgewood YMCA. 112 Oak Street, Ridgewood, NJ 07450

**Also, a letter stating your reason for this request for financial assistance must accompany this application.**

Date of application: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Employer: \_\_\_\_\_

Zip Code: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_

Martial status: \_\_\_\_\_

How long: \_\_\_\_\_

**List names, ages and relationship of EVERYONE (related and not-related) living in camper's household.**

Spouse/Child(ren)s Name	Age	School/Employer	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Application for financial assistance is for: \_\_\_\_\_

Student(s) name:

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

**Ridgewood YMCA K-8 Solutions**  
Financial Assistance Application Form

Application must include a copy of: Most current W2, Internal Revenue Service Tax Statement, your SSI allocation statement, letter stating reason for request, and any other documents from the list below to verify your annual earnings.

**Your application will be returned to you unless all information is provided**

**Please itemize your annual income and expense items. Print N/A if not applicable.**

**Total Household Income:**

- |  |          |
|--|----------|
| 1. Wage, salaries, and tips            | \$ _____ |
| 2. Unemployment/Workmen's compensation | \$ _____ |
| 3. Social Security compensation        | \$ _____ |
| 4. Aid to Dependent Children           | \$ _____ |
| 5. Food Stamps                         | \$ _____ |
| 6. 401K/Retirement Funds               | \$ _____ |
| 7. Alimony/Child Support               | \$ _____ |
| 8. Public Assistance (see below)*      | \$ _____ |
| 9. Other (explain)                     | \$ _____ |

**Total 2020/2021 anticipated income from all sources**      \$ \_\_\_\_\_

\*Agency name: \_\_\_\_\_ Phone: \_\_\_\_\_

Caseworker name: \_\_\_\_\_ Extension: \_\_\_\_\_

**Expenses:**

- |                                  |          |
|----------------------------------|----------|
| 1. Monthly rent/mortgage payment | \$ _____ |
| 2. Medical                       | \$ _____ |
| 3. Alimony/Child Support         | \$ _____ |
| 4. Other (Loans explain)         | \$ _____ |

If monthly payment plans are scheduled, please indicate the total amount you are able to pay toward K-8 Solutions tuition. \$ \_\_\_\_\_

Please initial once read and agreed upon:

\_\_\_\_\_ I hereby certify that the information provided in this application is complete and accurate.

\_\_\_\_\_ I hereby certify that I did file taxes    or    \_\_\_\_\_ I hereby certify that I do not file taxes.

\_\_\_\_\_ I understand that assistance is offered for tuition only and does not include specialty program options or pre and post care.

\_\_\_\_\_ **I understand that assistance is offered through donations to the Ridgewood YMCA.**

Parent/Guardian Name: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_