

YMCA OF GREATER OKLAHOMA CITY REQUEST FOR FINANCIAL ASSISTANCE

FOR	STAFF	USE	ONL

ATE	HOME BRANCH	
TAFF NAME	SCHOLARSHIP AWARDED	. %
NIT ID	SCHOLARSHIP EXP. DATE	

INSTRUCTIONS: PRIMARY MEMBER: SECTION 1 7 8 ADDITIONAL ADULT: SECTION 2 3 4 5 6 PRIMARY MEMBER ON THE ACCOUNT PRIMARY MEMBER (Please Print) ____ PHONE (H) ______ (C) _____ ADDRESS _____ CITY _____ STATE___ ZIP CODE_____ EMAIL ADDRESS GENDER Male ☐ Female ☐ BIRTHDATE ____ ETHNICITY ☐ Native American Alaskan Native African American / Black Hispanic Asian/Pacific Islander Caucasian/White ☐ Other Ethnicity is collected for demographic purposes ONLY to ensure we are serving our entire community. ADDITIONAL CHILDREN 23 AND UNDER Name ______Age _____ Name _____Age_____ Name Age HOUSEHOLD ANNUAL INCOME EMPLOYMENT ____ DISABILITY CHILD SUPPORT SCHOOL LOANS/GRANTS SOCIAL SECURITY SNAP/WIC

PRIMARY MEMBER TOTAL ANNUAL INCOME \$

	(Ei	rct)		(M.L.)	(Last)
EMAIL ADDRESS			(**)	(Last)	
GENDER□ Male □ Fe				DOB	(Month) (Day) (Year)
ADDITIONAL CHILDREN 2	3 AND UNDER				
Name	Age_		Name		Age
Name	Age_		Name		
Name	Age_		Name		Age
OTAL ANNUAL INCOME					
EMPLO	YMENT	\$		DISABILITY	
CHILD 9	SUPPORT	\$		SCHOOL LOANS	/GRANTS
SOCIAL		\$		OTHER	
SNAP/\	۸IC	\$		OTHER	
ADDITIONAL ADULT TOT	AL ANNUAL INCO	OME \$ _			
			. ADULT IN		
ADDITIONAL ADULT TOT	ADD	ITIONAL	. ADULT IN	COME	
	ADD (Fit	ITIONAL rst)	. ADULT IN	COME	(Last)
ADDITIONAL ADULT TOT NAME (Please Print)	ADD (Fi	ITIONAL	. ADULT IN	ICOME (M.I.)	(Last)
NAME (Please Print) EMAIL ADDRESS GENDER Male Fe	ADD (Fi	ITIONAL	. ADULT IN	ICOME (M.I.)	(Last)
NAME (Please Print) EMAIL ADDRESS GENDER	ADD (Find the second of the s	ITIONAL rst)	. ADULT IN	(M.I.)	(Last)
NAME (Please Print) EMAIL ADDRESS GENDER	ADD (Fi) Pemale ETHNIC 23 AND UNDER Age Age Age	ITIONAL rst)	Name	(M.I.)	(Last)

ADDITIONAL ADULT TOTAL ANNUAL INCOME \$ _____

\$ OTHER

SNAP/WIC

ADDITIONAL ADULT INCOME	ADDITIONAL ADULT INCOME	
	6	
NAME (Please Print)	NAME (Please Print)	
EMAIL ADDRESS	EMAIL ADDRESS	
GENDER Male Female ETHNICITY DOB	GENDER Male Female ETHNICITY DOB	
(Month) (Day) (Year)	(Month) (Day)	(Year)
ADDITIONAL CHILDREN 23 AND UNDER	ADDITIONAL CHILDREN 23 AND UNDER	
Name Age Age Name Age Age	Name Age	
NameAge NameAge	NameAgeNameAge_	
TOTAL ANNUAL INCOME	TOTAL ANNUAL INCOME	
\$ EMPLOYMENT \$ DISABILITY	\$ EMPLOYMENT \$ DISABILITY	
\$ CHILD SUPPORT \$ SCHOOL LOANS/GRANTS	\$ CHILD SUPPORT \$ SCHOOL LOANS/GRANTS	
\$ SOCIAL SECURITY	\$ SOCIAL SECURITY	
·		
ADDITIONAL ADULT TOTAL ANNUAL INCOME \$	ADDITIONAL ADULT TOTAL ANNUAL INCOME \$	
ADDITIONAL ADULT INCOME 5	HOUSEHOLD INCOME CALCULATOR	
	HOUSEHOLD TOTAL INCOME FROM	15
NAME (Please Print) (First) (M.I.) (Last)	HOUSEHOLD TOTAL INCOME FROM SECTIONS 1 2 3 4 5 6 HOUSEHOLD SIZE FROM SECTION	12
EMAIL ADDRESS	SECTIONS OF SOME	
GENDER Male Female ETHNICITY DOB		
(Month) (Day) (Year)	\$ NUMBER OF ADUL	TS IN
ADDITIONAL CHILDREN 23 AND UNDER	+ \$ POUSEHOLD (24 &	
Name Age Name Age	+ \$3	
NameAge NameAge	+ \$+	
TOTAL ANNUAL INCOME		
\$ EMPLOYMENT \$ DISABILITY	+ \$ 5 NUMBER OF CHILD HOUSEHOLD (23 &	
\$ CHILD SUPPORT \$ SCHOOL LOANS/GRANTS	+ \$6	UNDER
\$ SOCIAL SECURITY \$ OTHER \$ SNAP/WIC \$ OTHER		
	TOTAL #	
ADDITIONAL ADULT TOTAL ANNUAL INCOME \$	TOTAL \$	
8		
I HEREBY CERTIFY ALL THE INFORMATION PRESENTED ABOVE IS CORRECT TO THE BEST OF	MY KNOWLEDGE AND UNDERSTAND I MAY BE ASKED TO VERIFY MY HOUSEHOLD IN	COME.
PRIMARY SIGNATURE	DATE	