



YMCA OF GREATER OKLAHOMA CITY REQUEST FOR FINANCIAL ASSISTANCE

FOR STAFF USE ONLY

DATE _____
STAFF NAME _____
UNIT ID _____

HOME BRANCH _____
SCHOLARSHIP AWARDED _____ %
SCHOLARSHIP EXP. DATE _____

INSTRUCTIONS: PRIMARY MEMBER: SECTION 1 7 8 ADDITIONAL ADULT: SECTION 2 3 4 5 6

PRIMARY MEMBER ON THE ACCOUNT

1

PRIMARY MEMBER (Please Print) _____
(First) (M.I.) (Last)

PHONE (H) _____ (C) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

GENDER Male Female BIRTHDATE _____
(Month) (Day) (Year)

ETHNICITY Native American Alaskan Native African American / Black
 Asian/Pacific Islander Caucasian/White Hispanic 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 _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

HOUSEHOLD ANNUAL INCOME

\$ _____ EMPLOYMENT \$ _____ DISABILITY
\$ _____ CHILD SUPPORT \$ _____ SCHOOL LOANS/GRANTS
\$ _____ SOCIAL SECURITY \$ _____ OTHER _____
\$ _____ SNAP/WIC \$ _____ OTHER _____

PRIMARY MEMBER TOTAL ANNUAL INCOME \$ _____

ADDITIONAL ADULT INCOME

2

NAME (Please Print) _____
(First) (M.I.) (Last)

EMAIL ADDRESS _____

GENDER Male Female ETHNICITY _____ DOB _____
(Month) (Day) (Year)

ADDITIONAL CHILDREN 23 AND UNDER

Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

TOTAL ANNUAL INCOME

\$ _____ EMPLOYMENT \$ _____ DISABILITY
\$ _____ CHILD SUPPORT \$ _____ SCHOOL LOANS/GRANTS
\$ _____ SOCIAL SECURITY \$ _____ OTHER _____
\$ _____ SNAP/WIC \$ _____ OTHER _____

ADDITIONAL ADULT TOTAL ANNUAL INCOME \$ _____

ADDITIONAL ADULT INCOME

3

NAME (Please Print) _____
(First) (M.I.) (Last)

EMAIL ADDRESS _____

GENDER Male Female ETHNICITY _____ DOB _____
(Month) (Day) (Year)

ADDITIONAL CHILDREN 23 AND UNDER

Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

TOTAL ANNUAL INCOME

\$ _____ EMPLOYMENT \$ _____ DISABILITY
\$ _____ CHILD SUPPORT \$ _____ SCHOOL LOANS/GRANTS
\$ _____ SOCIAL SECURITY \$ _____ OTHER _____
\$ _____ SNAP/WIC \$ _____ OTHER _____

ADDITIONAL ADULT TOTAL ANNUAL INCOME \$ _____

ADDITIONAL ADULT INCOME

4

NAME (Please Print) _____
(First) (M.I.) (Last)

EMAIL ADDRESS _____

GENDER Male Female ETHNICITY _____ DOB _____
(Month) (Day) (Year)

ADDITIONAL CHILDREN 23 AND UNDER

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

TOTAL ANNUAL INCOME

\$ _____ EMPLOYMENT	\$ _____ DISABILITY
\$ _____ CHILD SUPPORT	\$ _____ SCHOOL LOANS/GRANTS
\$ _____ SOCIAL SECURITY	\$ _____ OTHER _____
\$ _____ SNAP/WIC	\$ _____ OTHER _____

ADDITIONAL ADULT TOTAL ANNUAL INCOME \$ _____

ADDITIONAL ADULT INCOME

6

NAME (Please Print) _____
(First) (M.I.) (Last)

EMAIL ADDRESS _____

GENDER Male Female ETHNICITY _____ DOB _____
(Month) (Day) (Year)

ADDITIONAL CHILDREN 23 AND UNDER

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

TOTAL ANNUAL INCOME

\$ _____ EMPLOYMENT	\$ _____ DISABILITY
\$ _____ CHILD SUPPORT	\$ _____ SCHOOL LOANS/GRANTS
\$ _____ SOCIAL SECURITY	\$ _____ OTHER _____
\$ _____ SNAP/WIC	\$ _____ OTHER _____

ADDITIONAL ADULT TOTAL ANNUAL INCOME \$ _____

ADDITIONAL ADULT INCOME

5

NAME (Please Print) _____
(First) (M.I.) (Last)

EMAIL ADDRESS _____

GENDER Male Female ETHNICITY _____ DOB _____
(Month) (Day) (Year)

ADDITIONAL CHILDREN 23 AND UNDER

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

TOTAL ANNUAL INCOME

\$ _____ EMPLOYMENT	\$ _____ DISABILITY
\$ _____ CHILD SUPPORT	\$ _____ SCHOOL LOANS/GRANTS
\$ _____ SOCIAL SECURITY	\$ _____ OTHER _____
\$ _____ SNAP/WIC	\$ _____ OTHER _____

ADDITIONAL ADULT TOTAL ANNUAL INCOME \$ _____

HOUSEHOLD INCOME CALCULATOR

7

HOUSEHOLD TOTAL INCOME FROM SECTIONS 1 2 3 4 5 6

\$ _____ 1
 + \$ _____ 2
 + \$ _____ 3
 + \$ _____ 4
 + \$ _____ 5
 + \$ _____ 6

TOTAL \$ _____

HOUSEHOLD SIZE FROM SECTIONS 1 2 3 4 5 6

1 2 3 4 5 6

_____ NUMBER OF ADULTS IN HOUSEHOLD (24 & ABOVE)

+

_____ NUMBER OF CHILDREN IN HOUSEHOLD (23 & UNDER)

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 INCOME.

PRIMARY SIGNATURE _____

DATE _____