



OPEN DOOR
YMCA Financial Assistance



**CHESHIRE YMCA
FINANCIAL ASSISTANCE REQUEST FORM**

(To Be Filled Out By Parent or Guardian)

Student's Name _____ Age _____ Grade _____

Parent/Guardian's Name _____ Phone _____

Mailing Address _____

Mother's Employment _____ Work Phone _____

Father's Employment _____ Work Phone _____

Has this child participated in Cheshire YMCA programs before? Yes _____ No _____

Has this child received assistance funds in the past? Yes _____ No _____

Does your family receive assistance from other agencies? Yes _____ No _____

Number of People in your household: . Kids _____ Adults _____

Family Contribution

Please set goals for money your child can raise and consider all ways that your family can contribute to the program fees.

Student Fundraising Goal _____
Family Contribution _____
TOTAL AMOUNT FAMILY CAN PAY _____

**Please attach a copy of the front page of your latest tax return(s) to this form.
(Be sure to black out your social security number.)**

I, the applicant, certify that the information provided is true and accurate. I authorize the Cheshire YMCA to verify the information included on this application. I understand the Cheshire YMCA may contact relevant references.

Signature _____ Date _____

To be considered for Financial Assistance, this form must be returned to the Lake St. office within two weeks of the registration meeting.

Please mail to the Cheshire YMCA. A staff member will contact you upon receipt.

Cheshire YMCA 32 Lake St. North Swanzey, NH 03431

www.cheshireymca.org

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