



YMCA

We build strong kids,
strong families, strong communities.

Cumberland Cape Atlantic YMCA

The Y Cares Initiative

The Y Cares Initiative has been formed to provide a high visibility, statewide, branding strategy to promote the YMCA financial assistance to individuals, families and potential contributors.

Please fill out this form in its entirety and attach copies of the following:

- Applicant and spouse's most recent IRS Tax Return Forms (1040/1040EZ)
- A current utility bill with applicants name and address on it.
- Applicant and spouse's 2 most current pay stubs.
- Verification of any other household income, including but not limited to, child support, alimony, disability, unemployment, and/or welfare.
- A letter from someone you know bearing witness to your need for financial assistance (such as a school counselor, clergy, employer, social worker, etc). Please no personal friends or relatives.
- A personal letter of circumstances from the applicant stating his/her reason for requesting financial assistance.
- Sign the authorization and request for records form.
- **If this application is for childcare or camp, you must have been denied NJ Cares for Kids Financial Assistance Program (Tri-County). Apply by calling (856) 451-8100.**

The Y Cares Initiative Applications are reviewed on the 15th and 30th of every month. **The Y Cares Initiative is awarded only 6 months at a time.** Please hand in your application with ample time to register for programs. You will be notified of the results via phone and/or mailed letter.

Incomplete applications will not be reviewed! It is the responsibility of the applicant to make sure the application is complete.

ALL QUESTIONS MUST BE ANSWERED FULL FOR THE APPLICATION TO BE CONSIDERED. THIS INFORMATION IS KEPT CONFIDENTIAL.

Date of Application _____	Social Security # _____
Name _____	Home Phone _____
Address _____	Work Phone _____
City _____ State _____	Place of Employment _____
Marital Status _____	Occupation _____
	No. of years there? _____
Are you a single parent household? Yes	No

Name of Spouse/Other parent/Guardian _____	
Social Security # _____	Work Phone _____
Place of Employment _____	Occupation _____
No. of years there? _____	

