



Ridgewood YMCA Preschool Financial Assistance For All

Please complete in full this application, attach all necessary documents (photocopies only) and return to: Megan Nayden,
VP of Membership & Mission Advancement, 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 #: _____

Marital 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

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student(s) name:

DOB _____

DOB _____

DOB _____

-continued on back-

Ridgewood YMCA Preschool

Financial Assistance Application Form

Application must include a copy of: Most recent Internal Revenue Service Tax Statement "1040", letter stating reason for request and all other documents that apply 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 2026/2027 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 Ridgewood YMCA Preschool 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 _____