Greensburg YMCA

Youth Development, Healthy Living & Social Responsibilities
101 South Maple Avenue, Greensburg, PA 15601 724–834–0150

www.greensburgymca.org

CONFIDENTIAL SCHOLARSHIP APPLICATION

The YMCA is committed to serving people of all ages, races, religions, and economic levels. By answering the following information, you will help to meet this goal. This information is kept confidential and will not be used for any other purpose.

Current Date: _____   Application: ☐ New   ☐ Renewal

Name: _____ Phone No.: _____

Address: _____ City:_____ State: _____ Zip: _____

Marital Status: ☐ Married   ☐ Divorced   ☐ Legally Separated   ☐ Widowed   ☐ Single

Place of Employment: _____ Work No.: _____

Spouse/Child(ren)'s Name	**Age**	**School/Employer**	**Birth date**

Family Size (Total number of members in family) _____

Application is for:

☐ Membership   ___Youth   ___Adult   ___College   ___Single Parent Family   ___Family   ___Senior

☐ Program: _____

☐ Child Care*   ___ ECLC   ___SACC   ___School Age Camp   ___Adventure Club   ___Counselor-in-Training

☐ Other: _____

*If this application is for child care, you must have been denied funding through Child Care Information Services of Westmoreland County. Please attach your denial letter with this application. Your application cannot be processed until you submit a denial form.

INCOME INFORMATION	
Wages, Salaries, and Tips	$
Unemployment Compensation	$
Social Security Compensation	$
Child Support	$
Food Stamps	$
Alimony	$
Other	$
Total Monthly Income	$

Please submit copies of the following documents along with your completed application:

1. Most recently prepared Federal Income Tax return (1040 as well as all schedules and forms
2. Copies of most recent W-2's, and/or 1099-Rs.
3. Most current paycheck stub.
4. If applicable, current SSI Benefits verification letter or payment stub.

Important: Your application will only be processed when ALL of the required forms have been received.

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Please write a paragraph stating why you are requesting financial assistance.

_____
_____
_____
_____
_____

I am submitting income verification with my application for financial assistance and certify that the above information is true and complete to the best of my knowledge.

_____   _____

Signature of Applicant   *Date*