Greensburg YMCA 101 South Maple Ave Greensburg, PA 15601 724-834-0150

Greensburg YMCA Financial Assistance Policy and Procedures

The Greensburg YMCA offers quality, affordable programs and services designed to benefit people of all income and backgrounds. The Greensburg Y provides financial assistance as funds are available to individuals and families who otherwise might not be able to participate in YMCA membership or programs. The YMCA's financial assistance program is made possible through contributions to the organization's annual campaign.

All information submitted is considered confidential and will be seen only by staff administering the financial assistance policy. In no way will anyone receiving assistance be identified publicly without their permission.

Please read the application completely and enclose all the information needed to process your request for a reduction of fees. Review the checklist to ensure you have included all the necessary documentation when you return the application to the YMCA. Incomplete applications will not be processed, which may delay your membership or enrollment in the program.

You should expect up to a 30 day processing period. You will be notified by email when your financial assistance is awarded.



Greensburg YMCA Financial Assistance Form

| DATE: | | | □ FIRST T | IME APPLICAN | NT 🗆 REN | IEWAL APPLICANT |
|--|--|---|--|--|---|--|
| | | | | BIRTHDATE: | | |
| ADDRESS: | | | CITY: | | ZIP: | |
| PHONE NUMBER: | | | _ EMAIL: | | | |
| HOW MANY ADULTS | IN HOUSEH | OLD? | | | | |
| MARITAL STATUS: | □ Single | □ Married | □ Separated | □ Divorced | □ Widowed | |
| FINANCIAL ASSISTA | ANCE REQUES | STED FOR: | | | | |
| PROGRAMS: | | | | | | |
| □ Gymnastics | □ Sports | □ Aquatics | □ ECLC | □ BASE | □ Summer Car | np |
| □ ATF | □ Other | | | | | |
| MEMBERSHII | | | | | | |
| □ Youth □ | Adult 🗆 | College 🗆 | Single Parent Fan | nily 🗆 Fami | ly □ Senior | ☐ Health Center |
| FAMILY MEMBERS: (| MUST be liste | d as dependent | s on tax return) | | | |
| Name: | | | Date of Birth: | | ionship: | |
| Name: | | | Date of Birth: | | Relationship: | |
| Name: | | Dat | Date of Birth: | | Relationship: | |
| Name: | | | Date of Birth: | | Relationship: | |
| Name: | | | Date of Birth: | | Relationship: | |
| PLEASE WRITE A SH OBTAINING A GREE | | | | MDICATING YO | OUR FINANCIAL | NEED FOR |
| | | | | | | |
| I hereby release all the financial assistance wi with current financial iduring my renewal per | II expire in six information to riod, the memb | months from t be eligible for ership will aut | he original join da financial assistand omatically be tern | te. Every six mode. I understand in ated without | onths I must subn I if I fail to submit notice. | nit a new application a new application |
| Information Services). | | | | vided within 30 | days of registratio | |
| | | | | Signatu | re of Applicant | |

The following documentation must be provided in order to process the application:

□ Federal Income Tax Return/W-2s

stamps documentation.)

□ Copies of Proof of ALL household income (Including three current paystubs, letter of assistance from SSI or unemployment, cash assistance and food

The review process can take up to 30 days. Applicants will be notified by email.

| Income Information - Gross Income | | | | | |
|-----------------------------------|----|--|--|--|--|
| Wages, Salaries and Tips | \$ | | | | |
| Unemployment Compensation | \$ | | | | |
| Social Security Compensation | \$ | | | | |
| Child Support | \$ | | | | |
| Food Stamps | \$ | | | | |
| Alimony | \$ | | | | |
| Other | \$ | | | | |
| Total Monthly Income | \$ | | | | |