



Financial Assistance Application

Greensburg YMCA
101 S. 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 TIME APPLICANT _____ RENEWAL APPLICANT _____

APPLICANT'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____

ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

HOW MANY ADULTS IN HOUSEHOLD? _____

MARITAL STATUS: Single Married Separated Divorced Widowed

FINANCIAL ASSISTANCE REQUESTED FOR: Please be specific and CIRCLE within the Department.

Gymnastics: Team or Lessons Aquatics: Team or Lessons Sports: Program or Leagues
List specific request _____

ECLC BASE Summer Camp Other _____

MEMBERSHIP Youth Young Adult Adult Senior Senior Couple
 One Adult Family Two Adult Family

FAMILY MEMBERS: (MUST be listed as dependents on tax return)

Name: _____	Date of Birth: _____	Relationship: _____
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Name: _____	Date of Birth: _____	Relationship: _____

Please write a short statement in your own words indicating your financial need for obtaining a Greensburg YMCA scholarship.

I hereby release all above information and attest that it is current and accurate to my knowledge. If approved, my financial assistance will expire in six months from the original join date. Every six months I must submit a new application with current financial information to be eligible for financial assistance. I understand if I fail to submit a new application, during my renewal period, the membership will automatically be terminated without notice.

Any financial applicants for the Child Development program (ECLC, BASE or Summer Camp) must apply for benefits from the ELRC (Early Learning Resources Center). A letter of acceptance or decline must be provided within 30 days of registration.

Signature of Applicant _____

The following documentation must be provided in order to process the application:
Copies of proof of ALL household income, which includes any of the following:

- Three current paystubs
- Letter of assistance from SSI or unemployment
- Cash assistance and food stamps documentation
- Child support and alimony

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

Must complete the box below	
Income Information – Gross Income	
Wages, Salaries and Tips	\$
Unemployment Compensation	\$
Social Security Compensation	\$
Child Support	\$
Food Stamps	\$
Alimony	\$
Other	\$

Total Monthly Income	\$
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