

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 APPL	_ICANT	RENEWAL APPLICANT
APPLICANT'S NAME:	BIRTHDATE:		
	CITY:		
ZIP:			
PHONE NUMBER:	EMAIL:		
HOW MANY ADULTS IN HOUSEHO	OLD?		
MARITAL STATUS:	□ Married □ Separated □	□ Divorced □ W	/idowed
FINANCIAL ASSISTANCE REQUES	STED FOR: Please be specific ar	nd CIRCLE within th	ne Department.
☐ Gymnastics: Team or Lessons	·	List specific requ	m or Leagues lest
🗆 ECLC 🗆 BASE 🗈 Summer Ca	mp 🗆 Other		
MEMBERSHIP □ Youth □ Young □ One Adult Family □ Two FAMILY MEMBERS: (MUST be list	Adult Family		
Name:	Date of Birth:	Rela	ationship:
Name:	Date of Birth:		ationship:
Name:	Date of Birth:	Rel	ationship:
Name:	Date of Birth:	Rel	ationship:
Name:	Date of Birth:	Rela	ationship:
Please write a short statement in scholarship.	n your own words indicating you		
new application, during my rene Any financial applicants for the	six months from the original joint information to be eligible for fi wal period, the membership will he Child Development programment prog	oin date. Every six nancial assistance. I automatically be	months I must submit a new I understand if I fail to submit a
Signature of Applicant			

The following documentation is **required** in order to process the application:

Copies of proof of **ALL** household income, which includes:

IRS form 1040

AND any of the following that may apply:

- Last 3 pay stubs
- 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 email.

Must compete 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	\$			

FOR OFFICE UJSE ONLY				
# In Family	% Poverty	Award		