



Income Based Membership Application

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

Greensburg YMCA

Income Based Membership 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 income based membership and as funds are available to individuals and families who otherwise might not be able to participate in YMCA membership or programs. The YMCA's Income Based 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. All fields in bold must be filled out.

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



Greensburg YMCA Income Based Membership Application

DATE: _____ FIRST TIME APPLICANT _____ RENEWAL APPLICANT _____

APPLICANT'S NAME: _____ BIRTHDATE: _____

SECOND ADULT NAME: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____

ZIP _____ DRIVER'S LICENSE OF APPLICANT _____

PHONE NUMBER: _____ EMAIL: _____

HOW MANY ADULTS IN HOUSEHOLD? _____ HOW MANY CHILDREN IN HOUSEHOLD? _____

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

- Gymnastics: Team or Lessons
 - Aquatics: Team or Lessons
 - Sports: Program or Leagues
 - ECLC
 - BASE
 - Summer Camp
 - Other _____
- List specific request _____

MEMBERSHIP Teen Young Adult Adult Senior Senior Couple
 Household 1 Household 2 Couple

FAMILY MEMBERS LIVING IN THE SAME HOUSEHOLD:

Name: _____	Date of Birth: _____	Relationship: _____
Name: _____	Date of Birth: _____	Relationship: _____
Name: _____	Date of Birth: _____	Relationship: _____
Name: _____	Date of Birth: _____	Relationship: _____
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 applicants applying for assistance with 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 denial MUST be attached to this application.

Signature of Applicant _____

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

- Copy of Applicant's Driver's License and address change if submitted
- 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 alimon

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

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	\$

FOR OFFICE UJSE ONLY		
# In Family	Yearly Income	Award

