



**Sewickley Valley YMCA**  
 625 Blackburn Rd, Sewickley PA 15143  
 Phone: 412-741-9622 Fax : 412-741-3155  
 www.sewickleyymca.org

**CONFIDENTIAL FINANCIAL ASSISTANCE 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: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Marital Status: Married: \_\_\_\_\_ Divorced: \_\_\_\_\_

Legally Separated: \_\_\_\_\_ Widowed: \_\_\_\_\_ Single: \_\_\_\_\_

**Spouse's Information**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Family Information: Number of Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Names of all additional household members:

- 1. \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 2. \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 3. \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 4. \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 5. \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application for financial assistance is for:

- \_\_\_\_\_ Membership -Youth (Ages 6-13)
- \_\_\_\_\_ Membership - Teen (Ages 14-17)
- \_\_\_\_\_ Membership - College (up to age 24)
- \_\_\_\_\_ Membership - Adult
- \_\_\_\_\_ Membership - Senior (65 years and older)
- \_\_\_\_\_ Membership - Single parent Family
- \_\_\_\_\_ Membership - Family
- \_\_\_\_\_ Childcare
- \_\_\_\_\_ Program
- \_\_\_\_\_ Camp

Please indicate specific programs and the start dates for which you need financial assistance, (if applicable).

Program Name: \_\_\_\_\_ Participant: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Program Name: \_\_\_\_\_ Participant: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Program Name: \_\_\_\_\_ Participant: \_\_\_\_\_ Start Date: \_\_\_\_\_

Have you ever applied for financial assistance before at the YMCA? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, which YMCA? \_\_\_\_\_

**PLEASE ALLOW 4 WEEKS FOR PROCESSING**

INCOME		EXPENSES	
Wages, Salaries, and Tips	\$	Rent / Mortgage	\$
Unemployment Compensation	\$	Utilities	\$
Social Security Compensation	\$	Food	\$
Child Support	\$	Clothing	\$
Aid to Dependant Children (AFDC)	\$	Phone	\$
Food Stamps	\$	Car Insurance	\$
401K / Retirement Fund / IRA's	\$	Alimony	\$
Alimony	\$	Child Support	\$
Investment Income	\$	Medical	\$
Other	\$	Other	\$
<b>Total Monthly Income</b>	\$	<b>Total Monthly Expenses</b>	\$

**A copy of the current complete 1040 tax form must accompany your complete application. Changes in income documents on current 1040 tax form must be explained in detail below and be accompanied by the following forms.**

1. W-2
2. Pay Stub

**IMPORTANT: Your application may only be processed when ALL of the required forms have been received.**

Please write a paragraph stating your reason for your request for financial assistance.

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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

.....  
Staff Interview: \_\_\_\_\_

Membership / Program requested: \_\_\_\_\_ Fee: \_\_\_\_\_

Financial Aid Awarded: \_\_\_\_\_ Amount Paid by Participant: \_\_\_\_\_

Applicant Notified by: Phone: \_\_\_\_\_ Mail: \_\_\_\_\_ Date: \_\_\_\_\_