



SEWICKLEY VALLEY YMCA
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• CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION •

The YMCA is committed to serving people of all ages, races, religions, and economic levels. By providing the following information, you will help meet this goal. This information is kept confidential and will not be used for any other purpose.

PLEASE PRINT

Current Date: _____

Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Emergency Contact Name: _____ Number: _____

Occupation: _____ Employer: _____

Length of Employment: _____ Work Number: _____

Marital Status: Married ____ Divorced ____ Legally Separated ____ Widowed ____ Single ____

Spouse's Information

Name: _____ Birthdate: _____

Phone Number: _____ Email: _____

Emergency Contact Name: _____ Number: _____

Occupation: _____ Employer: _____

Length of Employment: _____ Work Number: _____

Family Information

Names of all **additional participating** household members:

_____	Age: _____	Gender: _____	Birthdate: ____/____/____
_____	Age: _____	Gender: _____	Birthdate: ____/____/____
_____	Age: _____	Gender: _____	Birthdate: ____/____/____
_____	Age: _____	Gender: _____	Birthdate: ____/____/____
_____	Age: _____	Gender: _____	Birthdate: ____/____/____

Application for financial assistance is for:

____ Membership- Family	____ Membership- College (up to age 24)
____ Membership- Single Parent Family	____ Membership- Teen (ages14-17)
____ Membership- Adult	____ Membership- Youth (ages6-13)
____ Membership- Senior (age 65+)	____ Childcare ____ Program ____ Camp

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

Program Name: _____	Participant: _____	Start: _____
Program Name: _____	Participant: _____	Start: _____
Program Name: _____	Participant: _____	Start: _____

Income

Expenses

Wages, Salaries & Tips	\$	Rent/Mortgage	\$
Unemployment Compensation	\$	Utilities (gas/electric/water)	\$
Social Security Compensation	\$	Phone/Cable/Internet	\$
Child Support	\$	Food	\$
Aid to Dependant Children (AFDC)	\$	Clothing	\$
Food Stamps	\$	Car Payment	\$
401K/Retirement Fund/IRA's	\$	Car Insurance	\$
Alimony	\$	Transportation Expenses	\$
Investment Income	\$	Medical	\$
Other	\$	Alimony/ Child Support	\$
Other	\$	Student Loans	\$
Other	\$	Other	\$
Total Monthly Income	\$	Total Monthly Expenses	\$

- A current & complete 1040 tax form and most recent proof of income *must* accompany your application.
- Changes in income documents on current 1040 tax form must be explained in detail below and accompanied by a W-2 and 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

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



Membership / Program Requested: _____ Date Completed: _____
 Percentage Awarded: _____ Amount Paid by Participant: \$ _____ /month \$ _____ /year
 Notified by: Mail: _____ Phone: _____ Left msg / Spoke to Date: _____ Initials: _____