SEWICKLEY VALLEY YMCA
FINANCIAL ASSISTANCE APPLICATION

The Sewickley Valley YMCA financial assistance fulfills our mission to serve all people. At the Y, no one is turned away for inability to pay. Financial Assistance is supported by the Annual Campaign which helps to provide child care for working parents, send kids to camp, help families and individuals stay active and keep seniors young at heart. The Y maintains confidentiality of all financial information received in the application process.

MEMBER INFORMATION

Name:

Birthdate: M F

Address:

City: State: Zip:

Primary Phone:

Other Phone:

Email:

Employer:

ALL PERSONS LIVING IN HOUSEHOLD

	Name	DOB
M F		
M F		
M F		
M F		
M F		
M F		

EMERGENCY CONTACT

Name: Relationship:

Primary Phone:

WHAT BRINGS YOU TO THE Y TODAY?
I WOULD LIKE MORE INFORMATION ON THE FOLLOWING

ADULT & SENIOR

- Basketball
- Cardio Exercise
- Group Exercise
- Lap Swimming
- Master's Swim Team
- Paddle Tennis
- Pickleball
- Senior Social Activities
- Spinning
- Strength Training
- Tennis
- Volleyball
- Water Aerobics

PRESCHOOL, YOUTH, TEEN & FAMILY

- Child Care, State Licensed
- Day Camp
- Family Programs
- Kid Zone
- Preschool Recreation
- Swim Lessons
- Swim Team
- Youth Activities

FINANCIAL ASSISTANCE APPLICANTS MUST PROVIDE THE FOLLOWING:

- Verification of all sources of household income:
- Most current and complete 1040 tax form
- Most recent pay stubs
- Proof of unemployment
- Court order verifying child support
- Current Social Security documentation
- Verification of government assistance
- Proof of any other source of income

A scholarship reduces membership fees, but it does not eliminate them. Assistance is available to all who meet qualification guidelines. Eligibility is based on income, family size and extenuating circumstances.

- Individuals must apply for financial assistance prior to registering for a program or camp. Assistance will not be back dated.
- Financial assistance is awarded for one year. Recipients will be required to reapply each year to continue membership. If application is not received by the yearly anniversary date membership will be canceled.
- Please contact Chellsa Marney, Director of Membership & Community Engagement, for more information at 412-741-9622 ext. 104 or cmarney@sewickleyymca.org

APPLICATION AGREEMENT

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented on the application. I agree, if necessary to send additional information and documentation to support the above statements. I understand that the financial assistance is based on need. I understand that if I falsify any of the information, I will not be eligible for assistance.

Signature of applicant _____ Date _____

I AM APPLYING FOR

- ◯ Family Membership
- ◯ Single Parent Family Membership
- ◯ Adult Membership
- ◯ Young Adult
- ◯ Senior Membership
- ◯ College Membership
- ◯ Camp
- ◯ Programs
- ◯ Child Care Services
  Please request the additional paperwork for Child Care Services.

TELL US MORE... Use this space to include a brief explanation of need for financial assistance (for example, employment status, health needs, changes in family/household status).

APPLICANT & HOUSEHOLD EXPENSES

Rent/Mortgage	Gas/Electric
Food	Garbage
Medical	Water
Car payment	Telephone
Transportation	Cable
Child Care	Internet
Child support	Clothing
Car Insurance	Internet
Student Loans	Other
Total Expenses	

MONTHLY APPLICANT & HOUSEHOLD INCOME

Return application with proof of the income listed. If there is no proof of income included, please explain in the Tell us more box or contact Barb Herman at 412-741-9622 ext. 131

Please designate your employment status: Full-time, part-time, unemployed or student	Adult 1	Adult 2
Gross income (for all wages and tips)		
Child Support		
Social Security monthly income		
Unemployment		
Government Assistance		
Any other income, please designate		
Total income		

FOR OFFICE USE ONLY

Approved Yes No

Membership Type:_____

Financial Assistance %:_____

Monthly Fee:_____

Notified by email:_____

Notified by phone:_____

Date:_____

Notes:_____

In person:_____

Left message:_____

Staff initials:_____