



**River Valley Regional YMCA**  
**Financial Assistance Application**

New     Renewal (required every 6 months)

Williamsport    Bradford    Eastern Lycoming    Jersey Shore    Tioga

**Applicant Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender  M  F  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Check One:  Single  Married  Separated  Widowed

**List ALL persons living in household:**

First Name, Last Name	Age	DOB MM/DD/YY	Gender	Relationship i.e. spouse, child, etc.	Employer/school
1. _____	_____	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
2. _____	_____	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
3. _____	_____	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
4. _____	_____	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
5. _____	_____	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

(Please attach another document if you need extra space for additional names.)

**I am applying for:**

- Membership \_\_\_\_\_
- Childcare (membership type)
- Summer Camp
- Programs \_\_\_\_\_  
(program type)

**Financial Information**

Please list all monthly income, before tax. This includes all who reside in the household regardless of use of the Y.

Gross wages, salary & tips \_\_\_\_\_

Spouses gross wages, salary & tips \_\_\_\_\_

Other household gross wages, salary, & tips \_\_\_\_\_

Unemployment Compensation \_\_\_\_\_

Social Security (SSI & SSD) \_\_\_\_\_

Retirement/Pension income (non SS) \_\_\_\_\_

Child Support/Alimony \_\_\_\_\_

Public Assistance \_\_\_\_\_

All Other Income (interest, dividends) \_\_\_\_\_

**Total Monthly Household Income** \_\_\_\_\_

**Would you be willing to:**

- Share your story
- Volunteer

YMCA Staff Use Only:  
  
 Date Received: \_\_\_/\_\_\_/\_\_\_  
 By Whom: \_\_\_\_\_

How much can you afford toward your YMCA fee? \$ \_\_\_\_\_

For you application to be processed, you must provide proof of the last 30 days of income and a copy of your most recent tax return. Failure to attach will result in delay of processing. Scholarships will be processed within 7 days.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The information I have provided on this form is complete and correct and I agree to provide additional documentation upon request to verify need of financial assistance. I understand that the Y provides assistance to the extent that resources are available and the Y reserves the right to refuse assistance to any applicant. I also understand that my current Y account must be in good standing prior to this application being processed.