



FINANCIAL ASSISTANCE APPLICATION*

The YMCA works best when everyone is included.

Helping people become the best they can be is what the YMCA is about. Everyday, the River Valley Regional YMCA works to promote the healthy development of children, to build positive behavior in teens, and to strengthen the families we serve. Since we've opened our doors, the YMCA has been committed to helping people grow in spirit, mind, and body.

The River Valley Regional YMCA welcomes all who wish to participate and believes no one should be denied membership based on their ability to pay. Our financial assistance program provides membership assistance to adults and families based on individual needs and circumstances. Scholarship amounts are determined in a fair consistent manner.

Every YMCA member receives the same membership benefits, whether they receive a scholarship or not. Our members can feel confident knowing they are part of an organization that cares about the health and well-being of all people, and is committed to youth development, healthy living, and social responsibility.

***Financial assistance reduces fees; it does NOT eliminate them.**

To be considered for YMCA financial assistance, complete the application on the back, providing the requested information regarding income and family size. Use the Financial Documents Worksheet below to determine which documents to include. Return completed application, including all financial documents which apply to your monthly income, to the YMCA. All financial assistance applications and personal documents are kept confidential and are destroyed after review process is complete.

FINANCIAL DOCUMENTS

Place a check mark in front of all sources of your monthly income:



If you receive Monthly Income from:



Then you must include these Financial Documents with your application

EMPLOYMENT



Current Pay Stubs amounting to one month of gross pay for each working individual in the household...

AND

Copy of Prior Year's Federal Tax Return (form 1040). All scholarship applicants must provide this document. If you do not have a copy of your tax return, you can one by calling the Internal Revenue Service at 800-829-1040 or visit their website irs.gov

- CHILD SUPPORT
- ALIMONY
- UNEMPLOYMENT
- DISABILITY
- SOCIAL SECURITY
- FEDERAL/STATE AID
- MEDICAL AID
- RENT ASSISTANCE
- PUBLIC ASSISTANCE
- ANY OTHER INCOME



STATEMENTS, PROOF OF EACH showing amount of automatic monthly deposit for each source of income

- **SSI/SSD Benefit Statement**
- **Earned Income Statement from SS**
- **Disability or Pension Doc (1099R)**
- **401k/403b retirement statement**
- **Unemployment check (last 4 weeks)**
- **Child Support/Alimony (court order)**
- **Public Assistance Benefit Statement**
- **Section 8 Statement**
- **Housing Assistance**
- **Utility Assistance**

- All financial assistance memberships will be granted for 6 months.
- The YMCA requests that individuals/families reapply semi-annually, with updated documentation
- If your circumstances change making your scholarship unnecessary, contact our membership staff
- Membership Fees are subject to increase when you reapply
- If you do not reapply at the time requested, your membership may be cancelled



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Williamsport Branch
641 Walnut Street
Williamsport, PA 17701
570-323-7134

Eastern Lycoming Branch
50 Fitness Drive
Muncy, PA 17756
570-546-8822

Jersey Shore Branch
826 Allegheny Street
Jersey Shore, PA 17740
570-398-2150

Lock Haven Branch
145 East Water Street
Lock Haven, PA 17745
570-748-6727

Bradford County Branch
9 College Avenue
Towanda, PA 18848
570-268-9622

Tioga County Branch
40-42 Besanceny Drive
Mansfield, PA 16933
570-662-2999

Membership total	Program total	Total	Membership Paid	Program Paid	Total Paid	Scholarship Paid
Approved	Date		Applicant Notified		Date	



FINANCIAL ASSISTANCE APPLICATION*

Apply for Financial Assistance in five easy steps!

1 Applicant Information

Name		
Home address		
City	State	ZIP code
Home phone ()	DOB (mm/dd/yyyy)	
Email		
If a child (under 18): Parent's or legal guardian's name		
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no		

2 All persons living in this household

Place a <input checked="" type="checkbox"/> for each family member applying for assistance.	Date of Birth
Parent/Guardian/Adult Employer <input type="checkbox"/>	
Parent/Guardian/Adult Employer <input type="checkbox"/>	
Child <input type="checkbox"/>	
Child <input type="checkbox"/>	
Child <input type="checkbox"/>	
Child <input type="checkbox"/>	
Child <input type="checkbox"/>	
Child <input type="checkbox"/>	
Other dependent(s) <input type="checkbox"/>	Age(s)

3 Have you ever participated in a YMCA financial assistance program?

yes no If yes: when? _____

This is an application for:

- Financial Assistance Options
- Adult Healthy Senior
 - Family Healthy Senior
 - Single Parent Family
 - Childcare Pre-School ___ SACC ___
 - Programs: _____

This application must be renewed every 6 months!

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 above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, or if my income level increases, I will contact my YMCA membership staff immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

5 _____
Signature of person completing this form Date

4 Financial Resources

Please list amount of all financial resources you and/or your family receive on a **monthly basis**. Documentation must be attached or the application will be returned to you.

	Adult #1	Adult #2	Children	Household Total
Total Gross Wages				
Child Support				
Public Assistance				
Social Security Income				
Social Security Disability				
Unemployment				
Alimony				
Retirement				
Pension				
Monthly Value of Food Stamps				
HUD (Section 8)				
Other Assistance (child care subsidy, federal/state aid, medical aid, etc.)				
Total Monthly Income				
Total Annual Income (Total Monthly Income x 12)				

***How much can you contribute per month?** _____

Additional Information

I want/need a YMCA Scholarship because:
Please use this section to indicate any other information or extenuating circumstances that you feel were not included in this application. If you need more space, attach an additional piece of paper to the form. You may also be asked to include a separate letter if necessary.

ATTACH ALL APPLICABLE FINANCIAL DOCUMENTS AND TURN INTO THE RVR YMCA BRANCH YOU PLAN TO USE THE MOST