



Ligonier Valley YMCA Financial Assistance Form

DATE: _____ FIRST TIME APPLICANT RENEWAL APPLICANT

APPLICANT'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

HOW MANY ADULTS IN HOUSEHOLD? _____

MARITAL STATUS: Single Married Separated Divorced Widowed

FINANCIAL ASSISTANCE REQUESTED FOR:

PROGRAMS:

Youth Sports Aquatics Child Development

MEMBERSHIP:

Adult Family Single Parent Family Youth Senior Senior Couple

FAMILY MEMBERS: (MUST be listed as dependents on tax return)

Name: _____ Date of Birth: _____ Relationship: _____

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PLEASE WRITE A SHORT STATEMENT IN YOUR OWN WORDS INDICATING YOUR FINANCIAL NEED FOR OBTAINING A LIGONIER YMCA SCHOLARSHIP.

I hereby release all above information and attest that it is current and accurate to my knowledge. If approved, my financial assistance will expire in one year from the original join date. Each year I must submit a new application with current financial information to be eligible for financial assistance. I understand if I fail to submit a new application, during my renewal period, the monthly rate will automatically go to regular membership fee without notice

Any financial applicants for the Child Development programs must apply for CCIS (Child Care Information Services). A letter of acceptance or decline must be provided within 30 days of registration.

Signature of Applicant

Must Be Completed By Applicant

The following documentation must be provided in order to process the application:

- Federal Income Tax Return/W-2s
- Copies of Proof of ALL household income (Including three current paystubs, letter of assistance from SSI or unemployment, cash assistance and food stamps documentation.)

The review process can take up to two weeks. Applicants will be notified by mail.

Income Information - Gross Income	
Wages, Salaries and Tips	\$
Unemployment Compensation	\$
Social Security Compensation	\$
Child Support	\$
Food Stamps	\$
Alimony	\$
Other	\$
Total Monthly Income	\$