



Meadville Family YMCA Financial Assistance Application



Our Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Please print.

Self: _____ Birthdate: _____ M _____ F _____

Address: _____ City / State / Zip _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Membership Type: Family _____ Adult _____ Youth _____ Sr. Adult/College _____

Please list all family members in the household:

Spouse/Partner _____ Birthday _____ M _____ F _____

Dependent _____ Birthday _____ M _____ F _____

Dependent _____ Birthday _____ M _____ F _____

Dependent _____ Birthday _____ M _____ F _____

Dependent _____ Birthday _____ M _____ F _____

Dependent _____ Birthday _____ M _____ F _____

Financial Information: **Please list all household income from all sources.**

\$ _____ Gross paycheck(s)

\$ _____ Alimony/Dependent Support

\$ _____ Supplemental Support (Veterans benefits, Social Security, public assistance, etc.)

\$ _____ Other income (in-home business, childcare, etc.)

\$ _____ Total monthly income

The YMCA of Meadville is a non-profit agency open to all people regardless of age, race, religion, or ability to pay. It is the policy of the YMCA of Meadville to not deny services to anyone because of the inability to pay.

Valid proof of income must be provided before application can be approved.

By my signature, I am requesting assistance from the YMCA due to my personal circumstances and I certify that all information provided is correct. I agree to notify the Meadville Family YMCA of any changes to my financial circumstances.

SIGNATURE

DATE

YMCA use only:

Scholarship %	Date	Staff Signature

*Scholarships over 50% must be approved by the membership director