STRENGTHENING COMMUNITY IS OUR CAUSE

Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive. At the Y, no child, family or adult is turned away. We recognize that for communities to succeed, everyone must be given the opportunity to be healthy, confident, connected and secure.

At the Y, we believe lasting personal and social change can only come about when we all work together to invest in our kids, our health and our neighbors. Y financial assistance is made possible through generous donations from individuals and foundations opening a world of Y programs and activities for you and your family including: membership, youth sports, teen programs, youth programs, parent/child programs, childcare, camps and more.

WE ARE HERE FOR YOU

FINANCIAL ASSISTANCE GREATER VALLEY YMCA

With a commitment to nurturing the potential of children, promoting healthy living, and fostering a sense of social responsibility, our Y ensures that every individual has access to the essentials needed to learn, grow, and thrive.
HOW TO APPLY

Apply for financial assistance in five easy steps!
Please complete all information. We are unable to process Incomplete applications.

☐ NEW APPLICATION    ☐ RENEWAL

LOCATION Please Check ✗
☐ Allentown   ☐ Nazareth
☐ Bethlehem   ☐ Slate Belt
☐ Easton/P'Burg ☐ Suburban North
☐ Forks Edu Ctr

1 APPLICANT INFORMATION Please Print

Your Name

Address

City

State   Zip

Tel

Email*  *Preferred method of communication is email

☐ Single   ☐ Married   ☐ Divorced   ☐ Widowed

☐ Rent     ☐ Own       ☐ Live With Family

2 I AM APPLYING FOR
Check ✓ all that may apply

MEMBERSHIP
☐ Youth
☐ Adult
☐ Family
☐ Senior / Senior Couple

PROGRAM
☐ Swim Lessons
☐ Youth Sports/Dance

CHILD CARE -* Must apply for Title XX; proof required
☐ Child Care
☐ School Age
☐ Summer Day Camp

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 financial assistance is based on need. I understand that if I falsify any of the above information, I will not be eligible for assistance nor in the future.

Signature     Date

3 ALL PERSONS LIVING IN HOUSEHOLD
Please check ✓ for each person applying for assistance

<table>
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<th>Last Name</th>
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4 LIST ALL INCOME FOR ALL HOUSEHOLD PERSONS ABOVE AND PROVIDE DOCUMENTATION
Include all household income, even if they are not applying for assistance. ATTACH COPIES ONLY (will be destroyed)

INCOME - Proof Required, Please Attach Copy

☐ Wages, Salaries, Tips $

☐ Unemployment $

☐ Social Security (SSI) / Disability $

☐ Veterans Benefit $

☐ Retirement $

☐ Food Stamps / Cash Assistance $

☐ Child Support / Alimony $

☐ Other $

☐ Other $

TELL US MORE
Use this space to include any additional information or extenuating circumstances that were not included on this application elsewhere. If needed, attach additional paper.

5 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 financial assistance is based on need. I understand that if I falsify any of the above information, I will not be eligible for assistance nor and/or in the future.

Signature     Date