

# 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.



## GREATER VALLEY YMCA

gv-ymca.org

### LOCATIONS

#### ALLENTOWN BRANCH

425 South 15th Street  
Allentown, PA 18102  
(P) 610 351 9622

#### BETHLEHEM BRANCH

430 East Broad Street  
Bethlehem PA 18018  
(P) 610 867 7588

#### EASTON/PHILLIPSBURG BRANCH

1225 West Lafayette Street  
Easton, PA 18042  
(P) 610 258 6158

#### FORKS EDUCATION CENTER

1350 Sullivan Trail  
Easton, PA 18040  
(P) 610 250 7193

#### NAZARETH BRANCH

33 South Main Street  
Nazareth, PA 18064  
(P) 610 759 3440

#### SLATE BELT BRANCH

315 West Pennsylvania Avenue  
Pen Argyl, PA 18072  
(P) 610 881 4470

#### SUBURBAN NORTH BRANCH

880 Walnut Street  
Catasauqua, PA 18032  
(P) 610 264 5221



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 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

### INTERNAL USE ONLY

Date Received \_\_\_\_\_ Staff Initial \_\_\_\_\_

Date Processed \_\_\_\_\_ By \_\_\_\_\_

Date Letter Sent \_\_\_\_\_ By \_\_\_\_\_

Financial Aid Award % \_\_\_\_\_

Date Letter Sent \_\_\_\_\_ By \_\_\_\_\_

### 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

### 3 ALL PERSONS LIVING IN HOUSEHOLD

Please check ✓ for each person applying for assistance

Last Name	First Name	DOB	Age	M/F
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

### 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     \$ \_\_\_\_\_

#### DOCUMENTATION

##### Federal Taxes - Attach Copy

- I filed general taxes for last year  
      I am an individual filing jointly; I am providing ONE Form 1040  
      We filed more than ONE tax form, we are providing \_\_\_ Form 1040  
 I did not file Federal taxes for last year

##### Savings/Checking Statements - Attach Copy

- Copy of past three months statements

#### 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 \_\_\_\_\_