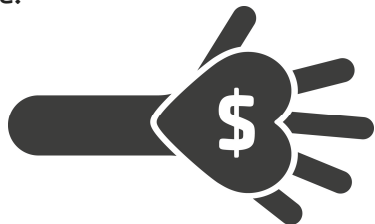


STRENGTHENING COMMUNITY IS OUR CAUSE

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

greatervalleyymca.org

BRANCHES

ALLENTOWN YMCA
425 South 15th Street
Allentown, PA 18102
610-351-9622

BETHLEHEM YMCA
430 East Broad Street
Bethlehem PA 18018
610-867-7588

**YMCA OF EASTON,
PHILLIPSBURG & VICINITY**
1225 West Lafayette Street
Easton, PA 18042
610-258-6158

FORKS YMCA EDUCATION CENTER
1350 Sullivan Trail
Easton, PA 18040
610-250-7193

NAZARETH YMCA
33 South Main Street
Nazareth, PA 18064
610-759-3440

SLATE BELT YMCA
315 W. Pennsylvania Ave
Pen Argyl, PA 18072
610-881-4470

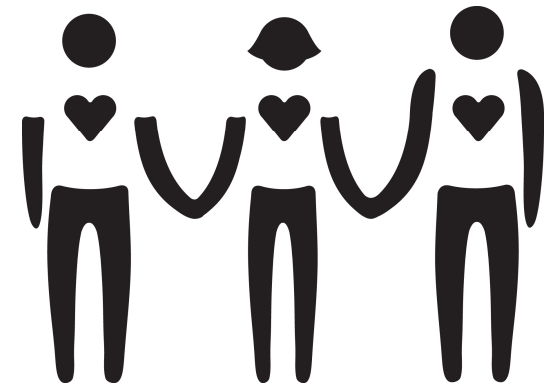
SUBURBAN NORTH YMCA
880 Walnut Street
Catasauqua, PA 18032
610-264-5221



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

BRANCH Please Check ✓ Branch

- 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

Staff Initial _____

Date Received _____ By _____

Date Processed _____ 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

- Child Care
 School Age
 Summer Day Camp
 Preschool/Kindergarten

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 _____