

REGIONAL FAMILY YMCA OF LAUREL HIGHLANDS
490 BESSEMER ROAD · MT. PLEASANT, PA 15666
724-547-9622 724-547-4079(FAX)

Application for Financially Assisted Membership/Program

The Regional Family YMCA of Laurel Highlands believes that our memberships and programs should be available to all in the community. Anyone who would benefit from a YMCA membership or program, but cannot afford the full cost, may apply for financial assistance. Each application is viewed on an individual basis. Those not able to pay the full fee may be awarded partial assistance based on their demonstrated need. After being accepted for financial assistance, applications will need to be resubmitted and reviewed on a yearly basis. The United Way and contributions to the Regional Family YMCA fund these assisted memberships.

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PERSONAL – Please list all individual(s) in household (parents & children 17 & under only).

Name _____ Birth Date _____ Phone _____
 Address _____ City _____ State _____ Zip _____

Name _____ Birth Date _____ Relationship _____
 Name _____ Birth Date _____ Relationship _____
 Name _____ Birth Date _____ Relationship _____
 Name _____ Birth Date _____ Relationship _____
 Name _____ Birth Date _____ Relationship _____

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EMPLOYMENT

Are you presently employed? Yes 1 No 1
 Employer _____ Occupation _____
 Is your spouse presently employed? Yes 1 No 1
 Spouse's Employer _____ Occupation _____

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INCOME

Monthly Gross _____ Spouses Monthly Gross _____
 Other – (Child support, welfare, SSI, ect.) _____

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GENERAL

Please list individuals name applying for scholarship & what type of membership or program they are applying for. If family or single family, for name put 'all.'

Name	Type of Membership/Program
Name	Type of Membership/Program
Name	Type of Membership/Program

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I verify that the information I have provided on this form is correct. Proof of income (a copy of your most recent Income Tax Return) must be attached before this form will be processed.

Applicant's Signature _____ **Date** _____