



Financial Assistance Application

The Bloomsburg Area YMCA believes in providing memberships and program services to all whom desire to participate. The financial assistance program provides memberships and program services to those in need within our available resources. The Y reserves the right to deny any financial assistance request.

Our Promise: The Bloomsburg Area YMCA has made a promise to our community to turn no one away due to inability to pay. The YMCA is, and always will be, dedicated to building healthy, confident, connected and secure children, adults, seniors and families and supporting the needs of the community.

Contact Information

Applicant's Name: _____

Address: _____

City, State, Zip: _____

Preferred Phone: _____

Email Address: _____

Current Status & Assistance Request

- I am not currently receiving any YMCA Financial Assistance.
- I am currently receiving YMCA Financial Assistance and this application is for:
 - Renewal
 - Request for another program

I am requesting Financial Assistance for (check all that apply)

- Adult Membership
- Family Membership
- Youth Membership
- Preschool
- Other: _____
- Y-Care
- Summer Camp
- Swim Team

How much do you think you can pay towards membership/program: \$_____

Qualifications:

- In order to qualify for Financial Assistance, you must be working for an income or receive assistance. (Assistance paperwork must be turned in).
- If you are applying for childcare purposes, you must have a recent denial or waitlist letter from the county (Early Learning Resource Center/ELRC).

List All Household Members (Including the Applicant)

First Name	Last Name	Relationship
1.		
2.		
3.		
4.		
5.		

Please share with us your need for financial assistance:

Other Assistance You Receive

Monthly Income	Monthly Expenses
Household Wages: \$	Rent/Mortgage: \$
Unemployment: \$	Utilities: \$
Social Security: \$	Food: \$
Child Support: \$	Car Insurance: \$
Short/Long Term: \$	Alimony: \$
SSD/SSI: \$	Child Support: \$
Food Stamps: \$	Medical: \$
Workers Comp: \$	Loans: \$
Alimony: \$	Other Expenses: \$
Other Income: \$	
Total Income: \$	Total Expenses: \$

- I have attached a copy of my most recent household IRS 1040 Tax Return (The first two pages of the 1040 are required to process all financial assistance).
- I hereby state that all the information provided to the YMCA is true and accurate. I also hereby certify that I or any of the above-listed persons have not been convicted of any child-related offenses.**

Signature: _____ Date: _____