

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.

PERSONAL – Please provide the requested information.

Name _____ Birth Date _____ Phone _____
Address _____ City _____ State _____ Zip _____
Spouse _____ Birth Date _____
Additional family members in household (immediate family 17 & under)
Name _____ Birth Date _____ Relationship _____
Name _____ Birth Date _____ Relationship _____
Name _____ Birth Date _____ Relationship _____
Name _____ Birth Date _____ Relationship _____

EMPLOYMENT

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

INCOME

Monthly Gross _____ Spouse's Monthly Gross _____
Other Income (Child Support, Welfare, SSI, etc.) _____

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 _____

Please share any additional information or reasons you are applying that you feel we should know when processing your application. _____

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 _____