



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE APPLICATION

Please fill out the following information, attach the necessary documents (photocopies ONLY,) and return to the attention of the Wayne County YMCA Executive Director. Applications should be dropped off at the front desk or mailed to 105 Park Street, Honesdale, PA 18431. An interview may be required prior to the approval of this application. Balance of the awarded assistance must be paid in full. Exceptions to this policy approved only by the Executive Director.

PLEASE PRINT ALL INFORMATION

Date of Application: _____
 Name: _____ Birth Date: _____
 Address: _____ Home Phone: _____
 City: _____ Cell Phone: _____
 State: _____ Zip: _____ Work Phone: _____
 Email Address : _____

PLEASE INCLUDE ALL FAMILY MEMBERS LISTED ON YOUR TAX RETURN

Partner/ Children's Name (First & Last)	Birth Date	Gender	Employer/ School
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

Application for Financial Assistance is for:
 Membership Youth Adult Family
 Adult Program: _____
 Youth Program: _____
 Wallenpaupack After School*
 Day Camp*
 * additional form required

Are you a single parent household? ___ Yes ___ No

Are you or your partner a full time student?
 ___ Yes ___ No School: _____

Have you ever applied for financial assistance from the YMCA before? ___ Yes ___ No
 If yes, when: _____

Total Yearly Household Income is:

- Under \$8,000
- \$8,000-\$12,000
- \$12,000-\$15,000
- \$15,000- \$18,000
- \$18,000-\$20,000
- \$20,000-\$25,000

What amount do you have the ability to pay?

Membership: \$ _____ / month or \$ _____ / year

Program: \$ _____ / session

Day Camp: \$ _____ / week

PLEASE ITEMIZE YOUR HOUSEHOLD MONTHLY INCOME & EXPENSE ITEMS

Wages, Salaries, & Tips:	\$ _____	Rent/Mortgage:	\$ _____
Unemployment Compensation:	\$ _____	Utilities:	\$ _____
Social Security Compensation:	\$ _____	Food:	\$ _____
Child Support Received:	\$ _____	Clothing:	\$ _____
Aid to Dependent Children:	\$ _____	Phone:	\$ _____
Suppl. Nutrition Asst. Program (SNAP) Benefits:	\$ _____	Car & Insurance:	\$ _____
401K/Retirement Funds:	\$ _____	Medical:	\$ _____
Alimony:	\$ _____	Child Support Paid:	\$ _____
Other: _____	\$ _____	Other _____	\$ _____
TOTAL INCOME:	\$ _____	TOTAL EXPENSES:	\$ _____

How do you think a YMCA membership or program will benefit you and/or your family?

Please list any special circumstances that should be considered during review of this application.

You must attach last years Internal Revenue Service (IRS) Tax Statement and/or your SSI Allocation Statement & your most recent pay stub to verify your annual earnings.

A letter stating the reason for your Financial Assistance request must accompany this application.

This application must be renewed every 12 months or if there is a change in your financial circumstance.

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. I understand that financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so that assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance.

Signature: _____ Date: _____

Please allow a minimum of three weeks for this application to be processed. You will receive a Financial Assistance letter as to the status of this application. If you have any questions, please contact the Executive Director at 570-253-2083.

Funding for Financial Assistance is provided by our Annual Giving Campaign & Y Special Event Fundraisers.



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FINANCIAL ASSISTANCE-SUMMER DAY CAMP ATTACHMENT

This attachment must be submitted with completed Financial Assistance Application. Please fill out the following information, attach any necessary custody documents (photocopies ONLY) and return to the attention of the Wayne County YMCA. Balance of the awarded summer day camp assistance must be paid in full a week in advance of attendance. Exceptions to this policy approved only by the Executive Director.

PLEASE PRINT ALL INFORMATION

Date of Application: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____

City: _____

Cell Phone: _____

State: _____ Zip: _____

Family Size: _____ Adults _____ Children

PLEASE LIST CAMP AGE CHILDREN

Children's Name (First & Last)	Birth Date	Gender	Grade Entering	Camp (Honesdale/Wallenpaupack)
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> H <input type="checkbox"/> W
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> H <input type="checkbox"/> W
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> H <input type="checkbox"/> W
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> H <input type="checkbox"/> W
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> H <input type="checkbox"/> W
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> H <input type="checkbox"/> W

TELL US MORE

Why would you like your children to attend YMCA Summer Day Camp?

I need summer child care because of my work schedule.

I want my kids to stay active over the summer.

Other: _____

Please list any special circumstances you feel should be considered during review of this application:

PLEASE COMPLETE THE FOLLOWING SECTION AS SPECIFICALLY AS POSSIBLE WITH YOUR IDEAL WEEKS & DAY PLANS

Indicate if children’s schedule will be the same by including their names together in the box. There are additional boxes to specify if the schedule will be different for each child or if you’d like to compare rates for 5-day,3-day, and 2-day options.

Child’s Name:	Grade Entering:
_____	_____
_____	_____
_____	_____
Camp: <input type="checkbox"/> Honesdale <input type="checkbox"/> Wallenpaupack	
Week 1: June 19th-23rd	<input type="checkbox"/> 5-Day <input type="checkbox"/> 3-Day <input type="checkbox"/> 2-Day
Week 2: June 26th-30th	<input type="checkbox"/> 5-Day <input type="checkbox"/> 3-Day <input type="checkbox"/> 2-Day
Week 3: July 3rd-7th	<input type="checkbox"/> 5-Day <input type="checkbox"/> 3-Day <input type="checkbox"/> 2-Day
Week 4: July 10th-14th	<input type="checkbox"/> 5-Day <input type="checkbox"/> 3-Day <input type="checkbox"/> 2-Day
Week 5: July 17th-21st	<input type="checkbox"/> 5-Day <input type="checkbox"/> 3-Day <input type="checkbox"/> 2-Day
Week 6: July 24th-28th	<input type="checkbox"/> 5-Day <input type="checkbox"/> 3-Day <input type="checkbox"/> 2-Day
Week 7: July 31st-Aug 4th	<input type="checkbox"/> 5-Day <input type="checkbox"/> 3-Day <input type="checkbox"/> 2-Day
Week 8: Aug 7th-11th	<input type="checkbox"/> 5-Day <input type="checkbox"/> 3-Day <input type="checkbox"/> 2-Day
Week 9: Aug 14th-18th	<input type="checkbox"/> 5-Day <input type="checkbox"/> 3-Day <input type="checkbox"/> 2-Day
Week 10: Aug 21st-25th	<input type="checkbox"/> 5-Day <input type="checkbox"/> 3-Day <input type="checkbox"/> 2-Day

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TUITION & REGISTRATION INFORMATION

Families are responsible for any non-tuition fees including field trips & camp T-shirts. Changes made after registration must be submitted a week prior with any additional payment. Tuition & Fees are due one week in advance of attendance. Exceptions to this policy approved only by the Executive Director.

Signature: _____ Date: _____