



## “Membership & Programs for All”

The Wilkes-Barre Family YMCA is a community service organization that strives to provide outstanding programs and memberships to anyone who wishes to participate. In keeping with our mission and core values of caring, honesty, respect and responsibility, we offer financial assistance to community residents who qualify. In today’s world, a good percentage of families’ income allows them to just “get by”. Parents want to provide their families with a safe, fun, wholesome outlet but many times don’t have the income to do so. Single parents, struggling families with a parent laid off and/or unemployed, seniors on fixed income... are all encouraged to complete this application. We do this because it is our commitment to serve **all** people – regardless of age, race, ethnicity, ability or socio-economic status.

Awards of these scholarships are based exclusively on ability to pay without regard to race, gender, marital status, ethnic background, or any other consideration. **We do not provide free memberships.** Anyone receiving financial assistance who does not maintain their payments will have their memberships terminated and will not be eligible to reapply for a period of one full year. Funding for fee assistance is provided by our annual Community Fundraising Campaign, our members, the United Way of Luzerne County, community-minded businesses, and other donors in the community.

All members, 10 years of age and over, receiving financial assistance will be required to have a BMI screening with our Wellness Staff. If we do not get this information, we will not be able to begin your membership. This screening is in accordance with mandates from the United Way for annual funding. All financial aid recipients will also be required to visit the YMCA **6 times a month** to maintain their rate. Exceptions will only be made for doctor’s notes.

Please note program and membership scholarship awards are different.

The YMCA requests financial information to be sure the assistance goes to those most in need. Your confidential information is seen only by our financial scholarship processor. *Applications with gross income of \$80,000 or more will not be processed.*

**Applications are approved on a first come, first serve basis and must be submitted yearly.**

40 W. Northampton St.

Wilkes-Barre Family YMCA  
Wilkes-Barre, PA 18701

(570) 823-2191

Date: \_\_\_\_\_

## “Membership for All” Application

*Only one copy of this application, with attachments, is necessary for all household members.*

### General Information

Adult name(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (home) \_\_\_\_\_

(work) \_\_\_\_\_

(cell) \_\_\_\_\_

### Requested Scholarship Type:

*(please check all that apply)*

Membership (please specify type)

*Family\_\_ Adult\_\_ Teen\_\_*

*Senior\_\_ Senior Family\_\_ Youth\_\_*

Childcare **(If applying for childcare, applicant must have already been denied by Children & Youth and copy of denial letter must be included)**  
(specify childcare program below)

Programs (please specify program(s) below)

\_\_\_\_\_

Marital State:  married  divorced  separated  single  Widowed

### Prospective Scholarship Recipients

Name	Birthdate	Age	Relationship	Scholarship Requested (Membership, childcare, program, etc.)

(Use separate sheet for any needed additional spaces)

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Please explain why you need financial assistance, including extenuating circumstances that should be considered with your application *(continue on additional paper if necessary)*:

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Do you receive any financial assistance from relatives (e.g. grandparents, siblings) or other sources?       yes       no      *(if yes, please describe)*

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**Statement of Income** (back-up documentation needed for each item listed)

	Annual \$
1. Gross annual salary <i>(total household)</i>	\$ _____
2. Worker's comp, unemployment, welfare, disability, Social Security, pension <i>(circle all applicable)</i>	\$ _____
3. Interest, dividends, rental, insurance, annuities, trust fund	\$ _____
4. Alimony and/or child support	\$ _____
5. Relatives	\$ _____
6. Food Stamps, Cash Assistance	\$ _____
7. Other <i>(specify)</i> _____	\$ _____

**Total Annual Income**

\$ \_\_\_\_\_

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**Statement of Expenses** (back-up documentation needed for **each item** listed)

	<b>Annual \$</b>
1. Mortgage and/or rent payments	\$ _____
2. Utilities ( <i>e.g. phone, gas, electric</i> )	\$ _____
3. Alimony and/or child support	\$ _____
4. Medical/life insurance	\$ _____
5. Food, clothing, non-reimbursed medical/prescriptions	\$ _____
6. Childcare, babysitting	\$ _____
7. Personal Loans (car, student)	\$ _____

<b>Total Annual Expenses</b>	\$ _____
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**Current Employment**

Please fill out for ALL adults in the household:

Name	
Employer	
Employer address	
Employer phone	
Position	
# of years at employer	
Prior employer <i>(if current less than 3 years)</i>	

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Name	
Employer	
Employer address	
Employer phone	
Position	
# of years at employer	
Prior employer <i>(if current less than 3 years)</i>	

If unemployed, please give reason for and length of unemployment:

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### Statement of Certification and Authorization

I/we certify that the information provided is accurate and is a clear indication of my/our financial condition. I/we authorize the Wilkes-Barre Family YMCA the right to verify any of the information provided. I/we understand that appropriate discretion will be used and that any information obtained or provided will remain confidential.

If found that false information was presented, the Wilkes-Barre Family YMCA has the right to terminate the assistance immediately.

Name *(please print)*: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Necessary Attachments**

Please attach the following to complete the application:

- Copy of most recent Food Stamps Benefit Statement
- Copy of most recent 1040 tax return
- Copy of two (2) consecutive recent paystub(s)
- Copy of Social Security Benefit Statement
- Copy of all bills/proof of expenses for anything listed

## **Submitting your Application**

*Thank you!* Please return application with attachments to:

Member Service Department  
Wilkes-Barre Family YMCA  
40 W. Northampton St  
Wilkes-Barre, PA 18701

### For Office Use Only

**Name:** \_\_\_\_\_

**Application Reviewed on** \_\_\_\_\_

**By:** \_\_\_\_\_

**Approved: Amount: \$** \_\_\_\_\_ **% Reduction** \_\_\_\_\_

**Notified:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Membership Type :** \_\_\_\_\_

**Payment Plan:** \_\_\_\_\_

**Programs:** \_\_\_\_\_

**Amount: \$** \_\_\_\_\_ **% Reduction** \_\_\_\_\_

**Childcare Accounting notification:** \_\_\_\_\_

**Denied Reason:** \_\_\_\_\_

**Notified:** \_\_\_\_\_

**Notes:**