

STRENGTHENING COMMUNITY IS OUR CAUSE

Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive. At the Y, no child, family or adult is turned away based on inability to pay. We recognize that for communities to succeed, everyone must be given the opportunity to be healthy, confident, connected and secure.

At the Y, we believe lasting personal and social change can only come about when we all work together to invest in our kids, our health and our neighbors. Y financial assistance is made possible through generous donations from individuals and foundations opening a world of Y programs and activities for you and your family including: membership, youth sports, teen programs, youth programs, parent/child programs, childcare and camps.



MISSION STATEMENT

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.



POCONO FAMILY YMCA
809 Main Street
Stroudsburg, PA 18360
P 570 421 2525

www.pocconoymca.org

INTERNAL USE ONLY

Date Received _____ By _____

Date Processed _____ By _____



> POCONO FAMILY YMCA
OPEN DOOR PROGRAM

WE ARE HERE FOR YOU

HOW TO APPLY

Thank you for choosing the Pocono Family YMCA for your health and wellness needs. Thanks to the generosity of our community, we are able to provide financial assistance to those in need. Please note that program and membership scholarships MAY be different and must be submitted for consideration every year. In order to be considered for scholarship you/your family must have a gross income of less than \$60,000. If you are applying for child care you must submit a current denial letter from CCIS and a copy of the Employment Verification Form.

Apply for financial assistance in five easy steps. Please complete all information. An additional interview may be necessary to complete the process.

YEAR: _____

NEW APPLICATION RENEWAL

1 APPLICANT INFORMATION Please Print

Your Name _____

Address _____

City _____

State _____ Zip _____

Tel _____

Email* _____

*Preferred method of communication is email

Single Married Divorced Widowed

Rent Own Live With Family

DOCUMENTATION

Federal Taxes - Attach Copy

- I filed general taxes for last year
 - I am an individual filing jointly; I am providing ONE Form 1040
 - We filed more than ONE tax form, we are providing ___ Form 1040
- I did not file Federal taxes for last year

2 I AM APPLYING FOR

Check ✓ all that may apply

MEMBERSHIP

- Youth
- Adult
- Family
- Senior / Senior Family

PROGRAM

- Aquatics
- Youth Sports/Arts

CHILD CARE

- Child Care
- School Age
- Summer Day Camp

3 ALL PERSONS LIVING IN HOUSEHOLD

Please check ✓ for each person applying for assistance*

Last Name	First Name	DOB	Age	M/F
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

*Maximum: 2 adults; children under the age of 18 in household

4 LIST ALL INCOME/EXPENSES FOR ALL HOUSEHOLD PERSONS ABOVE AND PROVIDE DOCUMENTATION

Include all household income, even if they are not applying for assistance. ATTACH COPIES ONLY (will be destroyed)

INCOME - Proof Required, Please Attach Copy

- Wages, Salaries, Tips \$ _____
- Unemployment \$ _____
- Social Security (SSI) / Disability \$ _____
- Veterans Benefit \$ _____
- Retirement \$ _____
- Food Stamps / Cash Assistance \$ _____
- Child Support / Alimony \$ _____
- Other \$ _____
- Other \$ _____

EXPENSES - Proof Required, Please Attach Copy

- Mortgage and/or rent payments \$ _____
- Utilities (e.g. phone, gas, electric) \$ _____
- Alimony and/or child support Paid \$ _____
- Medical/life insurance \$ _____
- Non-reimbursed medical/prescriptions \$ _____
- Childcare, babysitting \$ _____
- Personal Loans (car, student) \$ _____
- Food, clothing \$ _____
- Other \$ _____

TELL US MORE

Use this space to include any additional information or extenuating circumstances that were not included on this application elsewhere. If needed, attach additional paper.

5 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 above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. I understand that if I falsify any of the above information, I will not be eligible for assistance in the future.

Signature _____

Date _____