



YMCA AND YWCA OF HAZLETON
 FINANCIAL ASSISTANCE POLICY AND PROCEDURES
OPENING THE DOORS FOR EVERYONE

eliminating racism
empowering women
 ywca

POLICY STATEMENT

The Hazleton Area YMCA/YWCA believes in providing membership and program services to all who desire to participate. Through the YMCA/YWCA's Financial Assistance Program, scholarships for membership subsidies are available for those in financial need. Participants are expected to pay their fair share of costs. Funds for financial assistance have been made available through the generous contributions of Y friends.

DURATION OF ASSISTANCE: Scholarships are for a maximum of 6 (six) months.
Scholarships are not automatically renewed; you must reapply.

ELIGIBILITY: Any resident of the Hazleton YM/YWCA service area desiring to participate in the Y may apply. Financial assistance will be granted on the basis of need as demonstrated by household income or extenuating circumstances. If applying for Day Care, School Age Care or Summer Day Camp, please contact Cordinated Child Care or the Department of Public Welfare before completing this application. The letter of determination provided to you by either organization must accompany this application.

TO APPLY: Complete the entire application. Attach copies of all required documentation listed below. Your scholarship application will not be processed until copies of all appropriate documentation are attached. Copies will not be returned. Incomplete applications will be returned.

Please check the boxes below to confirm enclosed documentation. If you are employed you **must** attach the documentation that is indicated by the asterick*

IF EMPLOYED

- W-2 Forms*
- 3 recents paystubs *
- Last years Income Tax Return *
- Unemployment Benefits
- Retirement Fund Income
- Worker's Compensation

OTHER INCOME SOURCES

- CCC determination
- DPW determination
- Child Support
- Alimony
- Social Security Benefit
- SSI/SSD
- Section 8
- Food Stamps

PLEASE INDICATE THE MEMBERSHIP YOU ARE APPLYING FOR

- Pre-School (0-5) _____
- Youth (6-13) _____
- Young Adult (14-22) _____
- Adult (23-61) _____
- Senior (62+) _____
- Single Parent Family _____
- Family _____

CHILD CARE FEES:

- *Before/After School Care _____
- * We Care Day Care _____
- *Summer Camp Discovery Fee _____

*Important: If you are applying for childcare and anyone in your household is employed, you must first apply for benefits from CCIS Title XX. If your application is denied, a copy of the denial letter must accompany this application. The toll free number is 1-800-922-6264.

Please list any special circumstances that contribute to your request for financial assistance (for example, medical bills, unemployment, disability, etc.)

Signature of Adult

Date Signed

***Application will not be reviewed unless it is signed, dated and all documentation is attached.
Thank You***