

YMCA of Parkersburg / United Way Survey

Your answers allow us to show the United Way how important their support is to our services

A. Frequency of Use (check one)

- Twice per month
- Once per week
- 2-4 times per week
- Daily

B. Benefits of your membership:

The Parkersburg YMCA has four key values that we attempt to instill in all of our programming. They are: caring, honesty, respect, and responsibility.

Since your participation at the Y has begun, have you noticed an increased awareness of the importance of the four key values in yourself or your family members?

	Increased	Stayed the same	Decreased
Have your positive feelings about yourself...			
Has your overall health/well-being...			
Has your ability to cope with stress..			

Please explain what benefits you and your family have received from your membership.

FINANCIAL ASSISTANCE APPLICATION



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA OF PARKERSBURG
1800 30th Street 716 Market Street

I. Applicant's Contact Information

Applicant's Name: _____

Date of Birth: _____

Marital Status: (please circle) Single Married Divorced Separated

Address: _____

City: _____ State: _____ Zip Code _____

Home Phone: () _____ Cell: () _____

Are you currently a YMCA Member? _____ Expiration Date _____

II. Spouse Information (If applicable)

Spouse's Name: _____ Date of Birth: _____

What can you afford to pay towards the program or membership? _____

Membership \$ _____ Child Care \$ _____

Program \$ _____ Name of Program _____

III. Children and Other Members of Household			
Name	Male or Female	Relationship	Date of Birth

IV. Household Income	
Income Source	Amount Received Per Month
Yearly Income	
Alimony & Child Support	
Social Security & Pension	
Unemployment	
Snap Benefits (Food Stamp, EBT)	
Housing Assistance	
Other Income	
Total Income	
Family Size	
Expenses	Amount Paid Out Per Month
Housing	
Food	
Utilities	
Transportation	
Alimony / Child Support	
Other (Explain)	
Total Expenses	

- The following forms of verification must be attached:**
- Two recent paycheck stubs with the year to date earnings.
 - 1040 Tax Form
 - Letter from Social Security (if applicable)

I hereby certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA in writing of changes in information given in this application such as income, address, living arrangements, marital status or other matters that might affect my eligibility for financial assistance. I understand that failure to comply with YMCA policies can and may result in immediate suspension of membership and program privileges.

Signature (Parent or Legal Guardian if applicant is a Minor)

Date _____