



Daniel B. Boyer Center
301 W. Spring Street
Boyertown, PA 19512

BOYERTOWN AREA YMCA
Gilbertsville Center
144 Holly Road
Gilbertsville, PA 19525

William S. Hollenbach Center
3065 N. Charlotte Street
Gilbertsville, PA 19525

www.boyertownymca.org

GOLDEN RULE FINANCIAL ASSISTANCE APPLICATION

This is an application form for financial aid toward membership or program fees. While we are a not-for-profit agency, we depend on participant fees to maintain our services. We are committed to serve people regardless of their income, but we expect participants to pay a fee based on their financial ability. Based on the available financial resources of the Association, YMCA membership, class or program fees will be awarded to applicants. Please complete the application and return to the YMCA member service desk. **This form will not be processed without the proper documentation as listed below.***

* ***The following documentation must be provided to process application: (Provide those that apply.)***

- 4 most recent pay stubs
- Child support
- Unemployment benefits
- Public assistance
- Food stamps
- Social Security
- SSI
- Last year's Federal Income Tax Form 1040
- Other contributions that support household

Your application will be reviewed, and you will be called if there are any questions regarding the application. You will be notified of the outcome of your request by mail. Please call the Membership Department at 610-369-9622 if you have any questions regarding this application.

What type of financial assistance are you requesting?

Membership – Yourself Household Single Household* Other (circle one)
 Program or Wellness (circle one) - Fill out areas **A, B, C, D & E** on application

*Single Household is defined as only one adult is living in the household and dependent children.

Child Care – Must provide subsidy information
 Growing Dreams School's Out Summer Camp (only) (circle one) – Fill out areas **A, B, C, D & E**

Military Service – *please provide a copy of orders* - Fill out areas **A, C & E** on application

A.) Applicant's Name _____
Address _____ **City** _____ **Zip Code** _____
Home Phone Number _____ **Work Phone Number** _____
Employer _____ **Title/Position** _____
Spouse's Employer _____ **Title/Position** _____
Household Size/Number of Adults _____ **Number of Children** _____

B.) Monthly gross income from all sources \$ _____ **Total household gross annual income \$** _____

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- Child support
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- Public assistance
- Food stamps
- Social Security
- SSI
- Last year's Federal Income Tax Form 1040
- Other contributions that support household

List all forms of income Type of Income	Monthly Amount
_____	_____
_____	_____
_____	_____

List any extraordinary expenses such as medical, alimony, educational loans. Child support payments must be included. Please provide supporting documents. **These expenses will not be considered unless supporting documents are provided.**

Type of Expenses	Monthly Amount
_____	_____
_____	_____
_____	_____

C.) List below the names of all household members (children and adults in household), their relationship, birth date, and age.

Applicant	Relationship	Birth Date	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D.) In a paragraph, please explain how this financial assistance will benefit you and your household and why you feel you would qualify for assistance.

E.) How did you hear about Golden Rule Financial Assistance? _____

We hope Golden Rule Financial Assistance will improve the quality of your life. To continue, we depend on contributions from individuals in our community. A note of thanks would help us to continue to ask the community for support. Upon receiving the Golden Rule Financial Assistance, you can send your note of thanks to the Boyertown Area YMCA, 301 West Spring Street, Boyertown, PA 19512, Attention: Ryan Rhoades.

To the best of my knowledge, the application has been filled out completely and accurately.

Signature _____ Date _____