



Gettysburg & Adams County

YWCA Gettysburg & Adams County  
909 Fairfield Road  
Gettysburg, PA 17325

## 2021 Summer Sharks Swim Team Financial Assistance Application

*Applications submitted without income verification will not be considered.*

The YWCA Gettysburg & Adams County is able to provide financial assistance up to a maximum of \$100 for those who meets the guidelines, to assist in paying for the Sharks Swim Team program.

**Please fill out the form completely and attach all necessary paperwork for each youth in your family who may qualify.**

### **STEP #1 Applicant information:**

Name : \_\_\_\_\_ Birthdate \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Home: Phone Number \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### **STEP #2 Family / Household Members:**

#### **A. List all those living in the household, including spouses, other adults and children.**

_____	_____	_____	_____
Name	Date of Birth	Age	Relationship

_____	_____	_____	_____
Name	Date of Birth	Age	Relationship

_____	_____	_____	_____
Name	Date of Birth	Age	Relationship

_____	_____	_____	_____
Name	Date of Birth	Age	Relationship

_____	_____	_____	_____
Name	Date of Birth	Age	Relationship

**STEP #3 HOUSEHOLD INCOME**

**A. Wages** LIST BELOW AND ENCLOSE COPIES OF 2 MOST RECENT PAYSTUBS PER PERSON/PER JOB.  
Please list earned income from wages, tips etc. for all household members.

Name \_\_\_\_\_ Employer \_\_\_\_\_ Income \$ \_\_\_\_\_ per: week, month, year

Name \_\_\_\_\_ Employer \_\_\_\_\_ Income \$ \_\_\_\_\_ per: week, month, year

Name \_\_\_\_\_ Employer \_\_\_\_\_ Income \$ \_\_\_\_\_ per: week, month, year

Name \_\_\_\_\_ Employer \_\_\_\_\_ Income \$ \_\_\_\_\_ per: week, month, year

**B. Supplemental Income** Please enter the total amount received each month from all living in the house.

**Documentation, such as award letters, is required to support these figures. If you do not have documentation, check with the office or agency that coordinates your assistance.**

Food Stamps	\$ _____	Unemployment	\$ _____
Child Support	\$ _____	Cash Assistance	\$ _____
Spousal Support	\$ _____	Worker's Comp	\$ _____
SSI/SSDI	\$ _____	Retirement Income	\$ _____
Housing Assistance	\$ _____	Investment/Interest Income	\$ _____
		Other	\$ _____

**C. Most recent Federal Income Tax Return**

Enclose copy of tax most recent return for all household members filing taxes.

**IF ALL INFORMATION REQUESTED IN STEP #3 IS NOT PROVIDED, YOUR APPLICATION CANNOT BE PROCESSED.**

**STEP #4**

I certify that the above information is true and complete to the best of my knowledge. If my financial circumstances or household information changes, I accept responsibility for contacting the YWCA to update my information.

Signature \_\_\_\_\_

Date \_\_\_\_\_