



424 North Main Street
Greensburg, PA 15601

Phone: 724/834-9390
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FINANCIAL AID APPLICATION

Name: _____ Date: _____

Address: _____ City, State, Zip _____

Home Phone: _____ Work Phone: _____

Type of Application: ___Financial ___Special Circumstance ___Agency Referral
Other_____

Class Information: (class names, dates, times, etc.)

Financial Information:

Total number of persons residing in household: _____

List **ALL** sources of household income and the monthly amount received:

_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Income	\$ _____

For verification purposes, list employer's or case worker's name, address and phone number:

Please attach financial documentation (copy of last pay stub, support check, assistance disbursement, etc.)

You will be notified of your eligibility for financial assistance before your class begins.

APPLICANT'S STATEMENT OF AUTHORIZATION/CERTIFICATION:

I certify that to the best of my knowledge, the information contained herein is true, correct and complete. I hereby authorize verification of all information provided on this application.

Signature: _____ **Date:** _____

For Office Use Only
Determination: ___Eligible ___Ineligible
Verification and explanation: _____
Financial Aid Determination: Portion paid by YWCA \$ _____ Portion paid by Applicant \$ _____

Director's Signature _____ Date: _____
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