



Application for Admission Fee Waiver

I represent that the information below is true and correct:

(a) Name: _____
Address: _____

Telephone: _____

(b) Employment:

Are you currently employed? YES NO

If you answered 'NO', complete the following:

Date of your last day of employment: _____

Type of work: _____

Salary or wages: \$ _____

If you answered 'YES', complete the following:

Employer or Self Employed: _____

Employer address: _____

Telephone: _____ Email: _____

Salary or wages: \$ _____ (circle one) weekly/bi-weekly/monthly

Type of work: _____

**I AM ATTACHING A COPY OF MY MOST RECENT PAY STUB(S)
SHOWING MY EARNINGS YEAR TO DATE OR A NOTARIZED
STATEMENT FROM MY EMPLOYER SHOWING MY WAGES.**

(c) Other income within the past twelve months (list amount and source):

Business or profession: _____

Other self-employment: _____

Interest: _____

Dividends: _____

Pension and annuities: _____

Social security benefits: _____

Support payment: _____

Disability payments: _____

Unemployment compensation and supplemental benefits: _____

Worker's compensation: _____

Public assistance: _____

Other income: _____

(d)(1) Contributions to household expenses by other adult household members

Names(s): _____

Are any of the adult household members employed? YES

NO

Employer: _____

Salary or wages: \$ _____ (circle one) weekly/bi-weekly/monthly

Type of work: _____

Other contributions to household expenses: \$ _____

NONE – if answer is 'None' skip to (e)

(2) Contributions to household expenses by other adult household members:

Names(s): _____

Are any of the adult household members employed?

Employer: _____

Salary or wages: \$ _____ (circle one) weekly/bi-weekly/monthly
Type of work: _____
Other contributions to household expenses: \$ _____

— NONE

(3) Contributions to household expenses by other adult household members:

Names(s): _____
Are any of the adult household members employed?
Employer: _____
Salary or wages: \$ _____ (circle one) weekly/bi-weekly/monthly
Type of work: _____
Other contributions to household expenses: \$ _____

— NONE

(If additional household members, please attach additional sheets as necessary.)

(e) Property owned:

Cash: _____
Checking account: _____
Savings account: _____
Certificates of deposit: _____
Real estate (including home): _____

Motor vehicle:
Make: _____ Year: _____
Monthly Payments: _____ Amount owed: _____

Stocks and bonds: _____
Other: _____

(f) Debts and obligations:

My regular monthly living expenses are \$ _____ as follows:

Mortgage/Rent: _____ Loans: _____
 Electricity: _____ Heating: _____
 Water/Sewer: _____ Food: _____
 Transportation: _____ Clothing: _____
 Medical: _____ Other (specify): _____

(g) Person in my household dependent upon me for support (name, age, relationship):

	Name	Age
	Relationship	
Spouse:	_____	
Children (Initials ONLY):	_____	

Other persons:	Name	Age
	Relationship	

I verify that statements made in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. 4904, relating to unsworn falsification to authorities.

WHEREFORE, I hereby request that I be granted free admission to the War World II American Experience.

Date: _____ **Signature:** _____

Petitioner

World War II - 845 Crooked Creek Road Gettysburg PA 17325 – 717.253.3414 – info@visitww2.org