



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,' please complete the following:

Date of your last day of employment: _____

Type of work: _____

Salary or wages: \$ _____

If you answered 'Yes,' please complete the following:

Employer or Self-Employed: _____

Employer address: _____

Telephone: _____

Email: _____

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

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 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 payments: _____
Disability payments: _____
Unemployment compensation and supplemental benefits: _____
Workers' compensation: _____
Public assistance: _____
Other income: _____

d. 1. Contributions to household expenses by other adult household members

Name(s): _____
Are any of the adult household members employed? Yes No
Employer: _____
Salary or wages: \$ _____ weekly/bi-weekly/monthly (circle one)
Type of work: _____
Other contributions to household expenses: \$ _____
 NONE - If answer is 'None,' skip to section e

2. Contributions to household expenses by other adult household members

Name(s): _____
Are any of the adult household members employed? Yes No
Employer: _____
Salary or wages: \$ _____ weekly/bi-weekly/monthly (circle one)
Type of work: _____
Other contributions to household expenses: \$ _____
 NONE

3. Contributions to household expenses by other adult household members

Name(s): _____
Are any of the adult household members employed? Yes No
Employer: _____
Salary or wages: \$ _____ weekly/bi-weekly/monthly (circle one)
Type of work: _____
Other contributions to household expenses: \$ _____
 NONE

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

e. Property owned:

Cash: _____
Checking account(s): _____
Savings account(s): _____
Certificate of deposit: _____
Real estate (including home): _____
Motor vehicle:
 Make: _____ Year: _____
 Monthly payments: _____ Amount owed: _____
Stock 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):

Spouse/Partner Name: _____ Age: _____

Children (Initials and ages):

Additional Dependents:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

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 *Gettysburg Beyond the Battle Museum*.

Signature: _____ Date: _____
Petitioner

Completed forms must be mailed or dropped off at 625 Biglerville Road, Gettysburg, PA 17325.

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**Adams County Historical Society/*Gettysburg Beyond the Battle Museum*
625 Biglerville Road, Gettysburg, PA 17325
(717) 334-4723 | www.achs-pa.org**