



# SOUTH COUNTY FAMILY YMCA FINANCIAL SCHOLARSHIP APPLICATION

**Please review scholarship information on the reverse side of this application. Incomplete applications will be returned.**

All questions must be answered completely. (Please print clearly)

**Parent/Applicant Name** \_\_\_\_\_ **Type of membership you are requesting (check one)**  
**Date of Birth** \_\_\_\_\_  Individual  Family  Single Parent  
**Address** \_\_\_\_\_ **Type of program--Team Sports are not included**  
**City** \_\_\_\_\_  Child Care Programs:(please specify site: \_\_\_\_\_)  
**State** \_\_\_\_\_ **Zip** \_\_\_\_\_  School Age Programs:(please specify site: \_\_\_\_\_)  
**Home #** \_\_\_\_\_ **Work#** \_\_\_\_\_  Aquatics  Gymnastics  Youth sports

Household Members (include spouse/partner and legal dependents)	Relationship	Birth date	Age

Please give a short explanation of **why** you need financial assistance, **length of time requested**, and **amount you would be able to pay monthly**. Attach a separate sheet of paper if needed.

\_\_\_\_\_

\_\_\_\_\_

**Income Information**-Please use Gross income information (before taxes).

**Applicant's Employer** \_\_\_\_\_ **Phone** \_\_\_\_\_  
 Full time  Part time **Paid:** Wkly/Bi-Wkly/Monthly **Hours per week** \_\_\_\_\_ **Monthly Amount** \_\_\_\_\_  
**Spouse/Partner Employer** \_\_\_\_\_ **Phone** \_\_\_\_\_  
 Full time  Part time **Paid:** Wkly/Bi-Wkly/Monthly **Hours per week** \_\_\_\_\_ **Monthly Amount** \_\_\_\_\_

**Do you have a medical condition that prevents you from working?**  Yes  No

If you receive any of the following, please fill in the **MONTHLY** amount:

Child Support \$ \_\_\_\_\_ Alimony \$ \_\_\_\_\_ Other income \$ \_\_\_\_\_  
 S.S.I./S.S.D \$ \_\_\_\_\_ Retirement \$ \_\_\_\_\_

**MONTHLY GROSS INCOME FROM ALL SOURCES** \$ \_\_\_\_\_

Would you be interested in volunteering for the YMCA?  Yes  No If yes, in what capacity could you volunteer?

\_\_\_\_\_

**I have included the following documents with my completed application: (please check)**

_____ <b>Copy of driver's license or state issued ID</b>	_____ <b>Copy of most recent tax return</b>
_____ <b>Paystubs/SSD/SSI/other statements</b>	_____ <b>Financial information for other adult</b>

I understand that this financial assistance is not permanent. I also understand that an appointment will be necessary for this application to be processed and the scholarship to be granted. I have read the eligibility requirements for scholarships and will provide all needed information in order to qualify.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For questions contact the Scholarship Coordinator at 492-9622 ext. 302**

# **FAQ's Financial Scholarship Application**

## **Assistance is for:**

- Families who are experiencing temporary financial difficulties.
- Deserving and needy youth who want to participate in YMCA Programs
- Youth and families on limited incomes, referred by schools, churches, or agencies.

## **What documentation is required in addition to your completed application?**

- Copy of most current income tax return
- Copy of applicant's drivers license or state issued ID card
- Copy of last four paystubs/social security/social security disability/or other income
- ***In addition, all adults in the household must be employed to be considered for scholarship.***

If you are unable to submit the documentation noted above, a letter of explanation must accompany this financial scholarship application.

**How are scholarship awards determined?** YMCA Scholarship guidelines are based on national, state, and local poverty levels. The scholarship discount is based on **GROSS** household income (before taxes or any deductions), including all non-employment income such as child support, retirement, disability, etc.

**How much of a scholarship will I receive?** Scholarships generally are not more than 25% for memberships and programs. Child care scholarships are not always available and are subject to each site director's approval. The reason for this is because there may not be scholarship spots available at the child care site .

**What happens when my scholarship expires?** If your application for scholarship is approved, you will be mailed documentation of your scholarship noting the amount of discount and date of expiration. *You must initial and sign the form, and return it to the YMCA before your scholarship will become active.* **YOU WILL NOT RECEIVE ANY FURTHER NOTIFICATION.** If you are still in need at the time your scholarship expires, you may reapply following the same procedures as your original application. New and current applications and income verification is **ALWAYS** needed.

**What if my circumstances change before my scholarship expires?** If your household income changes drastically, you may contact us to see if changes need to be made to your scholarship.

**What if I am not employed, or my spouse is not employed?** If you are under the age of retirement and not disabled, all adults in the household **MUST** be employed. However if you are actively seeking employment, you may qualify for a temporary scholarship. If you are not employed during this time period, your scholarship will not be extended or eligible for redetermination.

**What if I am a stay at home parent?** At this time, the YMCA does not have scholarships for stay at home parents.

***Please return this application with copies of the items noted above, to the attention of the scholarship director. It takes approximately 10 days to process your application. You will be notified via mail once your application has been processed.***