



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

WE'RE HERE TO HELP

Scholarship Application

YMCA of Columbia

APPLICANT INFORMATION New Application
 Renewal

PLEASE PRINT.

Name _____

First Last

Mailing Address _____

City Zip

Home Phone _____

Cell Phone _____

Email _____

Signature of Applicant _____

ALL PERSONS LIVING IN HOUSEHOLD

Place a check mark for each family member applying for assistance. **
2 Adults(26 years or older), and dependents on family membership

Name	DOB mm/dd/yy
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

FINANCIAL INFORMATION

My household income (Pre taxes) for the past month was: _____
I can afford _____ per month for YMCA dues/fees.

Assistance currently receiving:

Supplemental Security Income (SSI)
 Food Stamps Medicaid Rental Assistance
 Other: _____

Please attach copies of the following forms, if applicable For all Adults in the household

- IRS 1040 Federal Tax Form***
- Two current pay stubs
- For all adults
- Copy of Social Security or Disability checks
- Photo of Drivers License
- Copy of unemployment check, child support, or alimony payment
- Copy of rental assistance, ADC, food stamps or other forms of assistance.

***The IRS tax transcript is for those who do not have a copy of or did not file taxes. All applicants must have a transcript or form, regardless of employment Status

Application Valid for:

Membership Youth Sports

Please note Financial assistance applies to Membership and Youth Sports only.

For afterschool, camp and swim team- please ask for application for those programs. These are awarded Separately.

- Eligibility:
1. Applicant must work or reside in the YMCA branch service Area
 2. Assistance will be granted on the basis of financial need.
 3. The YMCA believed a strong sense of ownership and pride development if the recipient has contributed to the cost of their YMCA involvement: there applicants will be asked to pay some portion of their fees.
 4. Financial assistance is awarded on an annual basis from date of approval, and requires yearly renewal
 5. I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.
 6. Anyone who does not utilize their approve assistance may lose it, and may not be allowed to reapply for funds in the future.
 7. At the Y's discretion, if an account's status becomes past due for two weeks your membership and program privileges will be suspended, and will result in termination of financial assistance. Upon payment, in full, the Y will reconsider allowing re- application for funds

Signature _____

Date _____

