

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Scholarship Application YMCA of Columbia

APPLICANT INFORMATION PLEASE PRINT.	New Application Renewal		
Name			
First Mailing Address	Last		
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

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***
- Copy of unemployment check, child support, or alimony payment

Copy of rental

- Two current pay stubs For all adults
- Copy of Social Security or
 Disability checks
 Photo of Drivers License
- 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.
- 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.

- 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

TELL US MORE

Please share with us how financial assistance will benefit you and your family. Include any additional information or extenuating circumstances of why you are in need of this assistance.

If this is a scholarship renewal, please share with us how financial assistance has made a difference in your and/or your family's lives.

Name:	_ Phone:	_ Email:

OUR MISSION

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

COMMITTED TO OUR COMMUNITY

It is the mission of the Y to provide services for any person or family who desire to participate in the Y, regardless of the ability to pay the standard rates. Every year the Y raises money to help scholarship youth and families through our Annual Campaign. For those not able to pay the full fee, assistance will be considered and is based upon demonstrated ability to pay and the Y's ability to provide funding. Scholarships are awarded on a first come, first serve basis, subject to available resources .The Y reserves the right to adjust scholarship as needed, during any given calendar year. Notice will be provided when adjustments will be made

EVERYONE IS WELCOME

Financial assistance eligibility will be determined by Y staff, based on a thorough review of the application and all the supporting documentation. No financial assistance applications will be reviewed until all required documentation has been received by the Y staff. Failure to submit all required documentation within 10 business days from date of the original request will cause denial of your request. The Y reserves the right to deny or end assistance to any applicant at any time. Notice will be provided immediatly by the Y staff. Assistance will be granted due to funds available

www.Columbiaymca.org

Received: