



Warren County YMCA

www.warrencountyyymca.org



Scholarship Application

Date of Application _____

NEW RENEWAL

Membership Assistance – Please choose type of membership below:

- Youth (0-12) Teen (13-17 OR 18-23 IF FULL-TIME College Student) Adult Single Parent
- Married Couple Family Senior Senior Couple

Program Assistance (ONLY if not currently receiving assistance on Membership)

– Please specify program _____

The Warren County YMCA Fee Assistance Program is made possible by financial support received from the **United Way of Warren County** and donations received through the annual **YMCA Kids Need Heroes Campaign**. Consistent with the goals and objectives of the Warren County YMCA, membership or program services will be made available to all persons, regardless of their ability to pay. Waiver or reduction of fees is available subject to facility and program capacity and demonstrated need, without regard to race, color, religion, sex, national origin, age, or physical or mental handicap. The YMCA will seek to serve deserving persons who accept YMCA goals, rules and policies, and who will make good use of the YMCA programs and facilities. The YMCA is not staffed to provide professional counseling and must reserve the right to not accept referrals or applications that require this special help.

Primary Member (or parent of youth/teen member – applicants under 18) Male Female

Name _____
Birth Date

Home Address _____
City State Zip

Phone _____
Email

Employer

2nd Adult Information (Spouse Other Adult) Male Female

Name _____
Birth Date

Employer

Dependents First & Last Names	Gender M/F	Birth Date Month/Day/Yr	School	Relationship to Primary Member

***IMPORTANT** - We want to be able assist as many people as possible. Please share your reason for needing financial assistance. Be sure to include any/all special circumstances. *(Attach additional pages if needed.)* Please remember that all information shared is confidential. **(Please be specific as this helps YOU!)**

What volunteer service can you provide to the YMCA? _____

What dollar amount do you think you are willing or able to pay? Membership _____ per month

Current Housing: I own my own home (Monthly Mortgage \$ _____) I rent my home (Monthly Rent \$ _____)

****MUST PROVIDE MOST RECENT FEDERAL TAX RETURN**** First 2 pages of Form 1040, 1040a, or 1040ez

\$ _____ Annual Adjusted Gross Income

If a federal tax return is **not** available, you must provide:

IRS Verification of non-filing letter (This can be obtained by calling **1-800-TAX-FORM** and it will be mailed within 5-10 days or go to **IRS.gov** for immediate access to your tax transcripts.

*****Why do you need my tax returns?** In order to ensure fair distribution of financial assistance dollars, we have an obligation to our donors and community to confidentially verify financial need for each applicant.

Total Income – ALL THAT APPLY (Household income **MUST** include all adults 18+ living in the home.)

Wages, salaries, tips (1040 form + 1 Month of Pay Stubs)	\$ _____
Unemployment compensations	\$ _____
Social Security compensations	\$ _____
Child Support	\$ _____
Food Stamps	\$ _____
Monetary Gifts	\$ _____
Other (Retirement, Alimony, Student Loan Income, etc.)	\$ _____
TOTAL Monthly Income	\$ _____

****Supporting documents for proof of income must be attached in order to process the application.**

"I certify that all the information provided is truthful and a full accurate statement of my household's financial situation. I understand that the YMCA reserves the right to refuse assistance to any applicant. I understand that I will be expected to pay a portion of my membership or program."

Applicant's Signature: _____ **Date:** _____

For YMCA Office Use Only:

Membership Type: _____

Membership Scholarship Discount Group: _____

Monthly Bank Draft Amount: _____ 6-Month Amount: _____

Renew for: 6 Months or 1 Year

Program: _____ Approved Amount: _____

Reviewed by: _____ Date: _____

Date Notified: _____ by: _____

What is YMCA financial assistance?

Consistent with the goals and objectives of the Warren County YMCA, membership or program services will be made available to all persons, regardless of their ability to pay. The YMCA will seek to serve deserving persons who accept YMCA goals, rules and policies, and who will make good use of the YMCA programs and facilities.

Who is eligible to receive financial assistance?

Anyone may apply for financial assistance. The only requirement is that a completed Scholarship Application be on file along with the appropriate proof of income documents. Scholarship members receive full YMCA benefits.

How is the amount of financial assistance determined?

Financial assistance is determined on an individual basis. The YMCA uses both subjective and objective criteria based on total household income and the number of household members. Special circumstances may be considered when determining assistance.

How long does my financial assistance last?

Financial assistance is granted for a minimum of six months or up to one year. You will be notified when you are up for renewal. Funds are limited and there are many in the community in need of assistance. We expect to be notified if you no longer need our support or are unable to use the services we provide.

How long does it take to begin receiving financial assistance?

Once your completed application along with required documentation is received, it will be reviewed within 2 weeks by the Membership Director. You will be notified by phone by the membership staff of the assistance amount and how to begin the membership or program. Once you are notified you have 10 working days to report to the front desk and begin your membership or program registration.

Is it possible to join the YMCA for free?

The YMCA believes a strong sense of ownership and pride is developed when the financial assistance recipient contributes to the cost of their YMCA involvement. Therefore, applicants are asked to pay a portion of the fee for the requested service.

What is the responsibility of the scholarship recipient?

The YMCA expects that the recipient will make timely scheduled payments and encourages all participants to volunteer whenever possible. Also, YMCA donors appreciate learning how their contributions impact the community. Submitting a short note about how you and your family benefited from the financial assistance is appreciated.

How do I apply?

Complete and sign the *Scholarship Application* and submit it with the required income documentation. An incomplete application will not be processed until all of the information is received.

Contact Information

Please contact Ben Davis at (309) 734-3183 at the Warren County YMCA with any questions on the Scholarship application process.

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