



**\*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 \$ \_\_\_\_\_ )

**To qualify for a scholarship, we need proof given to us for at least ONE of the following located down below with an (\*). Adjusted Gross Income (Tax Form 1040), Unemployment Compensations, Social Security Compensations, Retirement**

**Total Income – ALL THAT APPLY (Only need proof of ONE) – For anyone 18+ living the in household**

Adjusted Gross Income (Tax Form 1040, line 37)	\$
Unemployment Compensations* (Unemployment letter showing compensations/Furlough Letter)	\$
Social Security Compensations*	\$
Retirement*	\$
Child Support/Food Stamps	\$
Other (Alimony, Student Loan Income, Monetary Gifts, etc.)	\$
<b>TOTAL Monthly Income</b>	\$

**\*\*Supporting documents for at least 1 form of 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: \_\_\_\_\_ 1-Year Amount: \_\_\_\_\_

**Renew for:** 6 Months or 1 Year

Program: \_\_\_\_\_ Approved Amount: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Date Notified: \_\_\_\_\_ by: \_\_\_\_\_

### ***Contact Information***

Please contact Ben Davis at (309) 734-3183 or [ben@warrencountyyymca.org](mailto:ben@warrencountyyymca.org) at the Warren County YMCA with any questions on the Scholarship application process.

### ***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**