



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP FOR ALL

“PEOPLE HELPING PEOPLE” SCHOLARSHIP APPLICATION

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA of Indiana County ensures that every individual has access to the essentials needed to learn, grown and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Annual Campaign Fund, the YMCA of Indiana County provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining your level of support is handled in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive membership or program support. YMCA members and program participants can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

PLEASE NOTE

- Support from our Annual Campaign Fund reduces membership and program fees; it does not eliminate them.
- All support will be granted for 6 months. Membership and program fees are subject to change.
- Members and program participants are welcome to re-verify their income in the event of an annual rate increase.
- Support is granted following a review of all documentation. The review process can take up to 3 weeks and the applicant will be notified of eligibility by mail.
- The Y reserves the right to request additional information when necessary.
- Applicants will still be required to fill out YMCA membership or program forms, and make payment arrangements.
- The YMCA reserves the right to refuse or revoke assistance to any applicant.
- Please contact your branch if you have any questions



"People Helping People" Financial Assistance in 6 easy steps

RE-NEWAL APPLICANT

If your scholarship is re- approved without changes may we automatically extend for 6 mos & continue the draft? YES NO

1 APPLICANT INFORMATION

Is this a NEW APPLICATION or a RENEWAL APPLICATION

Name _____

Mailing Address _____

City _____

State _____ ZIP Code _____

Home Phone (_____) _____

Cell Phone (_____) _____

Email _____

If applicant is under 18: Parent or legal guardian Name _____

2 LIST ALL PERSONS LIVING IN THIS HOUSEHOLD

Once ALL persons are listed place a check mark for each family member applying for assistance.

- | | |
|---------------------------------------|-----------|
| <input type="radio"/> Adult | DOB _____ |
| <input type="radio"/> Adult | DOB _____ |
| <input type="radio"/> Child | DOB _____ |
| <input type="radio"/> Child | DOB _____ |
| <input type="radio"/> Child | DOB _____ |
| <input type="radio"/> Child | DOB _____ |
| <input type="radio"/> Child | DOB _____ |
| <input type="radio"/> Child | DOB _____ |
| <input type="radio"/> Other Dependent | DOB _____ |

3 I AM APPLYING FOR check the category for which you are applying

M E M B E R S H I P	YOUTH (17 & under)	
	COLLEGE STUDENT (18-24 enrolled in college)	
	YOUNG ADULT (19-29 not enrolled in college)	
	ADULT (individual 30-64)	
	SINGLE PARENT FAMILY (1 parent and their dependent children)	
	FAMILY (2 adults household and their dependent children)	
	SENIOR (Individuals 65+)	
	SENIOR FAMILY (2 adults where 1 adult is 65=)	
	P R O G R A M	MACK POOL WITH OUT Y MEMBERSHIP
		FUNDAYS OR DAY CAMP
PROGRAM PARTICIPANT ex: swim lessons or specialty classes		

4 To qualify for financial assistance please check ALL that apply and provide supporting documents

- Someone in my household is Employed :
1040 Federal Tax Form and
2 most current consecutive paystubs
- Someone in my household is Self Employed:
1040 Federal Tax Form and
Current income Statement
- Someone in my household is unemployed:
Current benefit verification letter
- Someone in my household receives Social Security Income:
Current SSI benefit letter
- Someone in my household receives Cash Assistance or some other type of income:
How much monthly \$ _____
- Someone in my household receives child support:
How much monthly \$ _____

THIS APPLICATION MUST BE RENEWED EVERY 6 MONTHS, AND ALL SUPPORTING INCOME DOCUMENTS MUST BE ATTACHED!

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 financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so assistance 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.

5 _____
Signature of person completing this form Date _____

