

YMCA of Darke County Scholarship Assistance Program

The YMCA of Darke County welcomes all who wish to participate, and believes that no one should be turned away from membership based on their ability to pay. The YMCA understands that sometimes life throws you unexpected circumstances and we have put in place our Scholarship Assistance Program to help our community experience the YMCA.

Our Scholarship Assistance Program will give access to an Adult or Family Cardio Membership in both of our facilities.

Check all that apply:

New Applicant Renewing Applicant

This is an application for:

Membership

Family Adult Youth

Applicant I Information:

First and Last Name:	Home phone:	Alternate Contact Phone #:	
Home Address:	City:	State:	Zip Code:
Alternate Contact Name		Alternate Contact Phone	
Marital Status (check status): <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated			

List names of all individuals to be included in memberships (include last names if different). Please note that documentation is required for proof of legal dependents

Parent	DOB	Parent	DOB
Child	DOB	Child	DOB
	Grade		Grade
Child	DOB	Child	DOB
	Grade		Grade
Child	DOB	Child	DOB
	Grade		Grade

What is your reason for applying for Scholarship Assistance at this time?

Please share with us the extenuating circumstances you would like the YMCA to consider with your request? You may attach additional sheets if needed.

What benefits do you see in participating in the YMCA?

Would you be willing to volunteer services at the YMCA?

YES **NO** **If time permits**

**ALL SCHOLARSHIP APPLICATIONS AND PERSONAL
DOCUMENTS
ARE KEPT CONFIDENTIAL**

Income and Expense Worksheet

Monthly Income

(Proof of all income is required)

\$ _____ Your Gross Monthly Pay (at least two pay stubs)

How often do you get paid? every week every two weeks twice a month once a month

\$ _____ Spouse's Gross Monthly Pay (at least two pay stubs)

How often do you get paid? every week every two weeks twice a month once a month

\$ _____ Child Support
(statement of amount)

\$ _____ Food Stamps
(statement of amount)

\$ _____ Alimony
(statement of amount or)

\$ _____ SSI of Disability
(statement of amount or copy of deposit statement)

\$ _____ Housing Assistance
(statement of amount from housing authority)

\$ _____ Other (Please Explain)

\$ _____ TOTAL MONTHLY INCOME

\$ _____ TOTAL YEARLY INCOME

I hereby certify that the above information is true and complete to the best of my knowledge. I agree, if necessary, to send additional information and documentation to support the above information. I understand that false information could jeopardize my scholarship assistance. I will notify the YMCA of Darke County of any changes immediately.

Signature of person completing the form

Date

FOR OFFICE USE ONLY:

Approved

Denied

New applicant

Renewal Applicant

Membership Type:

YOUTH

FAMILY

ADULT

% YMCA Scholarship _____ Amount \$ _____

% Member Responsibility _____ Amount \$ _____

Member Services Manager: _____ **Date** _____

Executive Director: _____ **Date** _____

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Application process time is about 10 business days.

In order to process your application we need the following:

1. Proof of all household income, which includes:
 - ✓ Copy of last year's Tax return
 - ✓ Copy of your last 2 pay stubs (Or verification of income from your employer, we will need verification of your spouse's income if you are married).
 - ✓ Verification of social security or disability benefits (a letter or a copy of your bank statement showing amount of automatic monthly deposit).
 - ✓ Copy of a statement of benefits of State or Federal assistance you receive (such as food stamps or cash assistance)
 - ✓ Verification of any child support or alimony you receive
 - ✓ Reference letter from a church, doctor, government agency or court supporting your family's financial need for a membership (preferred but not required)
2. Proof of all legal dependents (example : tax form 1040, birth certificate, or adoption/custody papers)
3. Completed Scholarship Assistance Program Application (3 pages).

Please read the following important information

How much will I pay?

The amount of assistance you receive will be based on your gross income and the number of dependents in your household. There are no full scholarships. The minimum amount of assistance is 10% and the maximum is 80%.

How will I know if I qualify?

Once your application is reviewed and processed, you will receive a letter indicating your scholarship award. The scholarship offer is good for 30 days. If your application is not complete you will receive a phone call or letter to inform you of what is needed to finish processing your application. Once you return the requested information, the application will then be processed. Incomplete applications will only be kept on file for 1 month. Please contact us immediately if your phone number or address changes. Applications are processed in the order that they are received.