

PEOPLE HELPING PEOPLE

scholarship application

The YMCA works best when everyone is included.

Helping people become the best they can be is what the YMCA is all about. Every day, the YMCA of Central Ohio works to promote the healthy development of children, to build positive behavior in teens, and to strengthen the families we serve. Since 1855, the YMCA of Central Ohio has been committed to helping people grow in spirit, mind, and body.

The YMCA 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. Through our **People Helping People Scholarship Program**, the YMCA of Central Ohio is able to provide a helping hand to youth, adults, and families based on individual needs and circumstances.

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving a scholarship. YMCA members can feel confident knowing that they are part of an organization that cares greatly for the health and well-being of all people, and is committed to building strong kids, strong families, and strong communities.

To apply for a People Helping People Scholarship, simply complete the attached application form and provide the requested information regarding income and family size to your YMCA branch. This helps ensure that we can provide scholarships in a fair and consistent manner. The review process for granting scholarships will be handled on a location-by-location basis.

All People Helping People Scholarships will be granted for six months. The YMCA requests that individuals and families reapply after this time period to keep the information on file updated. Fees are subject to increase when you reapply. If you do not reapply at the time requested, your membership may be terminated.

To be considered for a People Helping People Scholarship, all of the applicable documents listed below must accompany this application.

- Copy of prior year's federal tax return (Form 1040).** If you do not have a copy of your tax return, you may obtain one by calling the **Internal Revenue Service at 800-829-1040** or visiting **www.irs.gov**.
- Copy of current pay stubs** amounting to one month of gross pay for each working individual in the household (i.e. two stubs per person if paid biweekly, or four stubs per person if paid weekly).
- Copy of Social Security or Disability checks, or copy of bank statement showing amount of automatic monthly deposit.**
- Copy of unemployment check, child support or alimony payment, or copy of bank statement showing amount of automatic monthly deposit.**
- Copy of rent assistance, ADC, food stamps, or other forms of assistance.**
- If you have any questions regarding required documentation, please speak with your YMCA branch membership director.**

All scholarship applications and personal documents are kept confidential.

Membership total	Program total	Total	Membership paid	Program paid	Total paid	Scholarship total
Approved	Date			Applicant notified	Date	



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Applicant

Name	Home phone	DOB	SSN
Home address	City	State	ZIP code
If a child (under 18): Parent's or legal guardian's name(s)			

All persons living in this household

Parent/Adult	DOB	Parent/Adult	DOB
Employer		Employer	
Child	DOB	Child	DOB
Child	DOB	Child	DOB
Child	DOB	Child	DOB
Other dependents	Age(s)		
Are you or another adult family member at home during the day? <input type="radio"/> yes <input type="radio"/> no			

This is an application for:

- Membership
 - Youth
 - Adult
 - Family
 - Single Parent Family

- Child care
- Camp
- Other

For Child Care/Camp:

What other options for child care are available to you?				
Do you have custody of child/ren? <input type="radio"/> yes <input type="radio"/> no If no: name custodial guardian/s:				
Parent #1	Name	Employer	Position/title	Phone
Parent #2	Name	Employer	Position/title	Phone

Have you ever participated in a YMCA scholarship program? yes no **If yes:** when? _____ branch? _____

Please list all financial resources you and/or your family receive on a **monthly** basis.

Documentation must be attached or the application will be returned to you.

	Total Gross Wages	Child Support	ADC	SSI	Unemployment	Alimony	Retirement	Pension	Total
Adult									
Adult									
Children									
Total									

Monthly value of **food stamps** if applicable

Indicate any **other assistance** (medical aid, child care subsidy, rent assistance, federal or state aid) you and/or your family receives:

How do you meet your monthly expenses?	Total monthly income
	Total yearly income
	How much are you able to pay monthly?

This application must be renewed every 6 months!

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 if I falsify any of the above information I will not be eligible for assistance now and/or in the future.

Signature of person completing this form

Date