



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. Everyday, 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 denied membership based on his/her ability to pay. Through our **People Helping People Scholarship Program**, the YMCA of Central Ohio provides membership assistance to youth, adults and families based on individual needs and circumstances. Scholarship amounts are determined in a fair and consistent manner.

Every YMCA member receives the same membership benefits, regardless of whether he/she is receiving a scholarship. YMCA members can feel confident knowing that they are a 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.

***A People Helping People Scholarship reduces fees; it does not eliminate them.**

To be considered for a People Helping People Scholarship, simply complete the application on the back, providing the requested information regarding your income and family size. Use the **Financial Documents Worksheet** below to help you determine which documents you must include. Return this completed application, including all financial documents which apply to your monthly income, to your YMCA branch, camp or program location. **All scholarship applications and personal documents are kept confidential. Documentation is destroyed after review process is completed.**

FINANCIAL DOCUMENTS WORKSHEET	
Place a check mark <input checked="" type="checkbox"/> in front of all sources of your monthly income:	
If you receive Monthly Income from	Then you must include these <i>Financial Documents</i> with your application:
<input type="checkbox"/> EMPLOYMENT	CURRENT PAY STUBS amounting to one month of gross pay for each working individual in the household AND COPY OF PRIOR YEAR'S FEDERAL TAX RETURN (Form 1040) All scholarship applicants must provide this document. If you do not have a copy of your tax return, you can get one by calling the Internal Revenue Service at 800-829-1040 or visit their website irs.gov
<input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> UNEMPLOYMENT <input type="checkbox"/> ALIMONY <input type="checkbox"/> DISABILITY <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> FEDERAL OR STATE AID <input type="checkbox"/> MEDICAL AID <input type="checkbox"/> RENT ASSISTANCE <input type="checkbox"/> FOOD STAMPS <input type="checkbox"/> TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)	COPY OF PAYMENT or COPY OF BANK STATEMENT showing amount of automatic monthly deposit for each source of income.

- All **People Helping People** scholarships will be granted for 12 months.
- The YMCA requests that individuals and families reapply annually, with updated documentation.
- If your circumstances change making your scholarship unnecessary, contact your branch membership staff.
- Membership Fees are subject to increase when you reapply.
- If you do not reapply at the time requested, your membership may be cancelled.
- Please contact your branch if you have any questions.



YMCA of Central Ohio

Our mission: To serve the whole community through programs expressing Judeo-Christian principles that build a healthy spirit, mind and body.

ymcacolombus.org

Membership total	Program total	Total	Membership paid	Program Paid	Total Paid	Scholarship total
Approved	Date		Applicant Notified			Date

People Helping People Scholarship Application

Apply for a People Helping People Scholarship in 5 steps!

1 Applicant Information

Name		
Home address		
City	State	ZIP Code
Home phone ()	DOB (mm/dd/yyyy)	
Email		
If a child (under 18): Parent's or legal guardian's name		

2 All persons living in this household

Place a <input checked="" type="checkbox"/> check mark for each family member applying for assistance	Date of Birth
Parent/Guardian/Adult Employer <input type="checkbox"/>	
Parent/Guardian/Adult Employer <input type="checkbox"/>	
Child <input type="checkbox"/>	
Child <input type="checkbox"/>	
Child <input type="checkbox"/>	
Child <input type="checkbox"/>	
Child <input type="checkbox"/>	
Child <input type="checkbox"/>	
Other dependent(s) <input type="checkbox"/>	Age(s)

3 Have you ever participated in a YMCA scholarship program?

yes no If yes: when? _____ branch? _____

This is an application for:

- Membership
- Youth Ages 15 & under
 - Teen/Young Adult Ages 16-24
 - Adult
 - One Adult + Child(ren)
 - Two Adult + Child(ren)
 - Two Adults/Couple

- Child Care
- Camp
- Other

For Child Care/Camp Only

What other options for child care are available to you?		
Child Custody Status? <input type="radio"/> Sole <input type="radio"/> Joint <input type="radio"/> Foster Parent <input type="radio"/> I do not have custody.		
#1 Parent/Guardian	Name	Employer
	Position/title	Phone
#2 Parent/Guardian	Name	Employer
	Position/title	Phone

4 Financial Resources

Please list amount of 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.

	Adult #1	Adult #2	Children	HOUSEHOLD TOTAL
Total Gross Wages				
Child Support				
Temporary Assistance For Needy Families (TANF) Ohio Works First (OWF)				
Social Security Income				
Social Security Disability				
Unemployment				
Alimony				
Retirement				
Pension				
Monthly Value of Food Stamps				
HUD (Section 8)				
Other Assistance (child care subsidy, federal/state aid, medical aid, etc.)				
Total Monthly Income				
Total Annual Income (Total Monthly Income x 12)				

* How much can you contribute per month? \$ _____

Additional Information

I want/need a YMCA People Helping People Scholarship because:

Please use this section to indicate any other information or extenuating circumstances that you feel were not included in this application. If you need more space, attach an additional piece of paper to the form. You may also be asked to include a separate letter if necessary.

This application must be renewed every 12 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, or if my income level increases, I will contact my YMCA branch membership staff immediately so sponsorship 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.

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Signature of person completing this form

Date

Attach all applicable financial documents and turn in to your YMCA branch.