



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO 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 Central Ohio ensures that every individual has access to the essentials needed to learn, grow 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 **People Helping People Scholarship Program**, the YMCA of Central Ohio provides assistance to youth, adults and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by YMCA branches in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. YMCA members 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.



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

**All People Helping People Scholarships will be granted for 12 months.**

**The YMCA requests that individuals and families reapply annually, with updated documentation.**

**Membership fees are subject to change when you reapply.**

**If you do not reapply at the time requested, your membership will expire.**

**Please contact your branch if you have any questions.**

[ymcacolumbus.org](http://ymcacolumbus.org)

# People Helping People Scholarship Application

Apply for a People Helping People Scholarship in 5 easy steps!

### 1 APPLICANT INFORMATION

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Cell Phone (     ) \_\_\_\_\_

Email \_\_\_\_\_

If an applicant is under 18: Parent's or legal guardian's name \_\_\_\_\_

### 2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark  for each family member applying for assistance.

Parent/Guardian/Adult

Parent/Guardian/Adult

<input type="checkbox"/> Child	DOB
<input type="checkbox"/> Child	DOB
<input type="checkbox"/> Child	DOB
<input type="checkbox"/> Child	DOB
<input type="checkbox"/> Child	DOB
<input type="checkbox"/> Other dependent(s)	Age(s)

### 3 I AM APPLYING FOR

Check category for which you are applying

<input type="checkbox"/>	YOUTH
<input type="checkbox"/>	TEEN/YOUNG ADULT (ages 16-24)
<input type="checkbox"/>	ADULT (age 25 +)
<input type="checkbox"/>	ONE ADULT + CHILD(REN)
<input type="checkbox"/>	TWO ADULTS + CHILD(REN)
<input type="checkbox"/>	TWO ADULTS/COUPLE
<input type="checkbox"/>	OTHER
<input type="checkbox"/>	CHILD CARE (Not available at all branches)
<input type="checkbox"/>	CAMP* <input type="radio"/> Day <input type="radio"/> Overnight

\* The YMCA cannot sponsor both day and overnight camp for the same child.

↓ FOR CHILD CARE & CAMP APPLICANTS ONLY ↓

What other options of Child Care are available to you? \_\_\_\_\_

Who has custody of the child(ren)?

Joint  Mom  Dad  Foster

Guardian  I do not have custody

Parent/Guardian #1

At Home  Working  In School

Parent/Guardian #2

At Home  Working  In School

### 4 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

↓ I FILED FEDERAL TAXES ↓ FOR LAST YEAR

1040 Federal Tax Form(s) for all incomes in household

I am an individual filing jointly; I am providing ONE 1040 form

We filed more than ONE tax form in our household; We are providing \_\_\_\_\_ 1040 forms.

\$ \_\_\_\_\_  
TOTAL ANNUAL HOUSEHOLD INCOME

or

↓ I DID NOT FILE FEDERAL TAXES ↓ FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)

\$ \_\_\_\_\_ x 12 = \_\_\_\_\_  
30 DAYS INCOME MONTHS

\$ \_\_\_\_\_  
TOTAL ANNUAL HOUSEHOLD INCOME

Find support documents you may need to provide by going to (for any Ohio county) Ohio Dept. of Jobs & Family Services' website: [odjfsbenefits.ohio.gov](http://odjfsbenefits.ohio.gov)

### 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, I will contact the YMCA 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.

5 \_\_\_\_\_  
Signature of person completing this form Date

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

### FOR OFFICE USE

APPROVED YES NO

YMCA ..... % YOU ..... %

JOIN TODAY FOR \$ .....

STAFF NAME ..... DATE .....

AWARD LETTER IS VALID FOR 30 DAYS.

Payment plans are available. YMCA STAFF: Return financial documents to applicant. Copy this form and give to applicant.

### TELL US MORE...

Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

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