

PEOPLE
HELPING
PEOPLE
SCHOLARSHIP
PROGRAM

PEOPLE
HELPING
PEOPLE



YMCA
ANNUAL GIVING
CAMPAIGN



The YMCA works best when **everyone** is included.

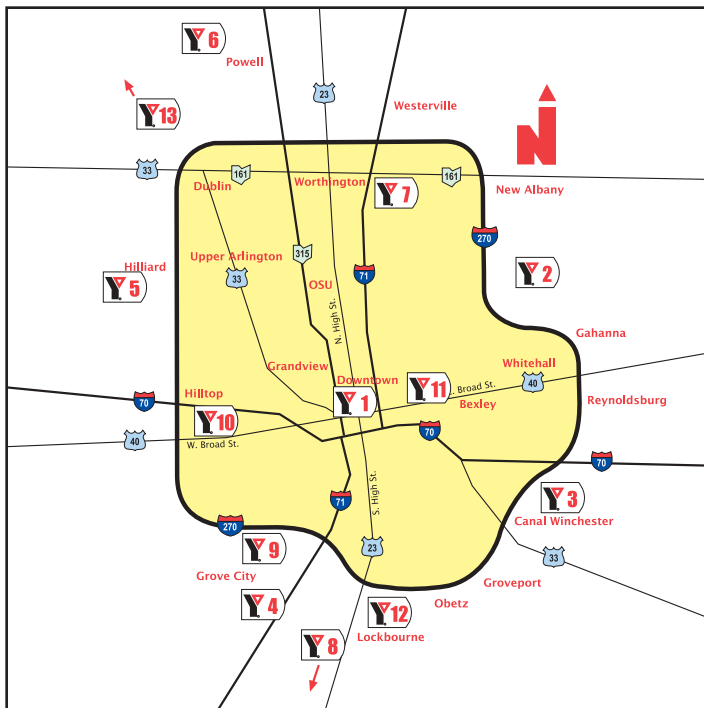
Helping people become the best they can be is what the YMCA is all about. Every day, the YMCA of Central Ohio works to promote the healthy development of children, to build positive behavior in teens, and to strengthen the families we serve. Since 1855, the YMCA of Central Ohio has been committed to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



YMCA of Central Ohio Full Facility Branches & Outdoor Centers



- 1 **Central YMCA** 224-1131 40 W. Long St., Columbus 43215
- 2 **Gahanna YMCA** 416-9622 555 YMCA Place, Gahanna 43230
- 3 **Jerry L. Garver YMCA** 834-9622 6767 Refugee Rd., Canal Winchester 43110
- 4 **Grove City YMCA** 871-9622 3600 Discovery Dr., Grove City 43123
- 5 **Hilliard/Ray Patch Family YMCA** 334-9622 4515 Cosgray Rd., Hilliard 43026
- 6 **Liberty Township/ Powell YMCA** 839-9622 7798 N. Liberty Rd., Powell 43065
- 7 **North YMCA** 885-4252 1640 Sandalwood Pl., Columbus 43229
- 8 **Pickaway County YMCA** 740-477-1661 440 Nicholas Dr., Circleville 43113
- 9 **Southwest Community Center** 539-1770 3500 First Ave., Urbancrest 43123
- 10 **Suburban West YMCA** 276-8224 2879 Valleyview Dr., Columbus 43204
- 11 **Eldon W. Ward YMCA** 252-3166 130 Woodland Ave., Columbus 43203
- 12 **Hoover Y-Park** 491-0980 1570 Rohr Rd., Lockbourne 43137
- 13 **Willson Outdoor Center** 800-423-0427

2732 County Rd. 11., Bellefontaine 43311



Y M C A of Central Ohio

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



United Way
Let's get to the heart of what matters.
Member Agency

Applicant Name	Membership number
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New applicant Renewal **Membership type** Youth Adult Family Single Parent Family
Documentation included Federal tax return Pay stubs SSI Disability Unemployment Child support Alimony
 Rent assistance ADC Food Stamps

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



IMPORTANT INFORMATION on back!

Applicant scholarship application

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	Parent
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 this child? <input type="radio"/> yes <input type="radio"/> no If no: name child's custody holder:				
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 so: 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:

Please share any other information or extenuating circumstances you would like to be considered as part of this application. You may use a separate sheet of paper if necessary.

Total monthly income
Total yearly income
How much are you able to pay?

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

Applying for a PEOPLE HELPING PEOPLE SCHOLARSHIP

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 **tax return**. 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.
- Copy of at least two current **pay stubs**.
- 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.



YMCA of Central Ohio