

GLOW YMCA

SCHOLARSHIP ASSISTANCE Policy & Application



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

HOW TO APPLY

1. Complete the attached Scholarship Assistance application. This application is available at the Genesee, Orleans or Wyoming County YMCA Service Desk.
2. Attach proof of your income to the application; proof of income for each Wage Earner is required. Verification for each type of income listed on the application **MUST** be provided. Please provide the documentation listed below for each type of income on your application.

If You Are Currently Employed

1. Income Tax Return (preceding year). If you do not have a copy, you are required to contact the IRS at 1-800-829-1040 to request a copy directly from them. Turn in the application with the appropriate forms when received.
2. Two Current Year-To-Date Wage Stubs. If no wage stub is available, please bring in a statement from your employer(s) for the current year. This statement should include your total hours worked, total wages earned and your hourly wage.

If You Are On Public Assistance

1. Public Assistance Budget Sheet or "Letter of Notification."

If You Receive HUB or other Housing Assistance

1. Approval Letter

If You Are A Student

1. Copy of receipt stating grant subsidy
2. Current Year-To-Date earnings from work study and place of employment
3. Income Tax Return (preceding year)

If You Receive Unemployment, Social Security, Workmans Compensation or Disability

1. Current monthly pay stub. If no pay stub is available, a signed statement verifying your current monthly benefit is required from the paying agency
2. Provide name and phone number of the employer that are you Unemployed, receiving Workman's Compensation or Disabled from.
3. Income Tax Return (preceding year)

If You Receive Child Support or Alimony

1. Statement verifying current monthly Child Support or Alimony. This information should be provided in either your "Divorce Decree" or a Modified Divorce Decree.

Return the Scholarship Assistance Application and income verification to your desired branch:

Genesee County YMCA
209 E. Main St.
Batavia, NY 14020

Orleans County YMCA
306 Pearl Street
Medina, NY 14103

Wyoming County YMCA
115 Linwood Ave.
Warsaw, NY 14569

Upon receipt of all appropriate forms, you will be contacted by mail within two weeks with your financial assistance award.

- ONCE APPROVED -

1. Your approval letter will be mailed to your home address.
2. Your approval letter is good for 60 days from the date on the letter. Please present this approval letter to Front Desk Staff to obtain your membership. If letter is presented after 60 days, you will need to reapply for Financial Assistance.
3. To begin your membership or assistance benefit, you will be required to bring your Approval Letter and designated payment to the YMCA Service Desk.
4. Your Scholarship Assistance Benefit will run for one full year, if during that year your situation changes you will need to notify us of your new circumstances so we may reevaluate your benefit. Failure to notify us of changed circumstances may result in the loss of your benefit.
5. Eligibility for Scholarship Assistance will be reviewed annually. All applicants will be required to re-apply 30 days prior to their anniversary date for continuing financial assistance.



The YMCA hopes that you and/or your family members benefit from this Financial Assistance. We are glad to be able to offer this funding to you through the United Way and private donations.

- SCHOLARSHIP ASSISTANCE POLICY -

It is the policy of the YMCA to provide services for any person who desires to participate in YMCA programs and membership, regardless of their ability to pay the standard fees. Those not able to pay the full fee may be awarded partial assistance based on their demonstrated need. All financial and personal information provided in the application will be kept in strict confidence.

ELIGIBILITY

1. Assistance will be granted on the basis of financial need. We evaluate financial need based on the number of persons in the household and their combined gross income.
2. The YMCA has the ability to deny assistance based on insufficient verification or sufficient income.

- APPLICATION -

It is essential that this form be completed in full and to the best of your knowledge. All the information contained herein is confidential between the applicant and the YMCA.

My application is for the following type of membership:

- Youth Junior Young Adult Adult
 Single Parent Family Family Senior Citizen Senior Family

My application is for the following program(s): _____

My Application is: New Renewal

PERSONAL

Name	Birthdate:		
Name of Spouse	Birthdate:		
Address			
City/Zip			
Phone			
List dependent children below:		Total # of persons in household:	
Name		Age	
Name		Age	
Name		Age	
Name		Age	
<input type="checkbox"/> Check here for foster child(ren).	Child's Monthly Income:	Case Worker:	
Foster Child Name		Age	
List any other persons living in your household and their relationship to you:			

EMPLOYMENT

Are you currently employed?	How long at current job?
Company Name:	
Company Address:	
City/Zip:	Work Phone:
Is your spouse currently employed?	How long at current job?
Company Name:	
Company Address:	
City/Zip:	Work Phone:

RACIAL/ETHNIC IDENTITY

Applicants are not required to answer this. If you choose, answer below.

- White, not of Hispanic origin Black, not of Hispanic origin Hispanic
 Asian or Pacific Islander American Indian or Alaska Native

Section 9 of the National School Lunch Act requires that, unless the participant's food stamp, FDPIR or TANF number is provided, you must include the social security number of the household member signing the statement or an indication that the household member signing the statement does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR, or TANF office to determine current certification for receipt of food stamps, FDPIR, or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

GROSS MONTHLY INCOME

Your income from wages		If you wish, please comment below on any extenuating circumstances which contribute to your need for assistance:
Spouses income from wages		
Unemployment		
Pension, Retirement or Social Security		
Public Assistance		
Workman's Compensation		
Disability		
Child Support		
Alimony		
State/Federal Aid (Food Stamps, Medical, Etc.)		
TANF, FDPIR		TANF ID#: FDPIR ID#:
Other Income (Please list)		Please describe:
TOTAL MONTHLY INCOME		

VOLUNTEERING

Volunteers are an essential part of the YMCA. Without the help of volunteers we would not be able to offer the range of quality programs that are available today. We would appreciate any time you would be willing to give of yourself in volunteering for a program or activity. Please check any area you would be interested in volunteering for. A YMCA staff person will contact you with information.

- Aquatics Adult Fitness Clerical Preschool Camp
- Youth Programs Maintenance Special Events Other _____

VERIFICATION OF INFORMATION

<i>I attest that all the information on this Scholarship Aid form is truthful and accurate, and that the Food Stamp, FDPIR, or TANF number is correct, and that all income is reported. I understand that false information or deception on my part would result in denial of assistance or prosecution to the fullest extent of the law for Theft of Services. I also understand that should my financial situation change, that I would notify the YMCA Financial Department.</i>	
Signature:	Social Security #: _____
Date:	

OFFICE USE ONLY – Do not write below.		
Verification of income with:	on:	Total yearly gross:
Verification of income with:	on:	Household total:
Scholarship granted:	% Off Membership	% Off Program