



Scholarship Assistance Application

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

Eligibility

1. We evaluate financial need based on all 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.

How to Apply

1. Complete the attached Scholarship Assistance application.
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 employers(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 HUD 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, Workman's 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. 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

Orleans County YMCA

Wyoming County YMCA

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

Once Approved

1. Your approval letter will be emailed or if no email is provided it will be mailed to your home address
2. Your approval letter is good for 90 days from the date on the letter. Please reference the letter to the Front Desk Staff to obtain your scholarship. If the letter is presented after 90 days, you will need to reapply for Financial Assistance.
3. To begin your membership or program assistance benefit, you will be required to come into the YMCA and process the membership at the 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 loss of your benefit.
5. Eligibility for Scholarship Assistances will be reviewed annually. All applicants will be required to reapply 30 days prior to their anniversary dates 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.

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 (circle):

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

(Or) My Application is for the following program(s): _____

My Application is: New Renewal

Personal

| | | | |
|--|----------------------------------|--------------|--|
| Name | Birthdate: | | |
| Name of Spouse | Birthdate: | | |
| Address | | | |
| City/Zip | | | |
| Phone | | | |
| Email | | | |
| List dependent children below: | Total # of persons in household: | | |
| Name | | Age | |
| Name | | Age | |
| Name | | Age | |
| Name | | Age | |
| Check Here for Foster Child(ren) | Child's Monthly Income: | Case Worker: | |
| Foster Child's Name | | Age | |
| List any other persons living in your household and their relationship to you: | | | |

Employment

| | |
|------------------------------------|-------------------------------|
| Are you currently employed? | How long at your 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: |

I Identify My Ethnicity As (Circle):

Caucasian not of Hispanic origin Asian Black and/or African Not of Hispanic origin
 Hispanic/Latinx Pacific Islander Alaskan Native and/or Native American Prefer Not to Answer

Gross Monthly Income

| | | |
|--|--|--|
| Your income from wages | | If you wish, please comment below on any extenuation 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.) | | Food Stamps Case#: |
| 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 attest that all the information on this Scholarship Aid form is truthful and accurate, and that the Food Stamp, FDPIR, or TANIF 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.

Signature: _____ 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 Programs |