

Fair Acres Family YMCA Scholarship Application

It is the policy of the Fair Acres Family YMCA to provide services for any person who desires to participate and understands the benefits of the YMCA, regardless of their ability to pay the standard membership or program fees.

Please complete the form entirely. If any pieces of the information are missing the application will not be processed.

You must include 2 pieces of income verification for membership scholarship request. Verification will need to be printed and turned in with application. We will accept the following:

- 1. Your most recent paycheck stub with year-to-date listed
- 2. Tax information (i.e. W2)
- 3. Assistance Statements if you receive Social Security, Disability, Food Stamps, AFDC, Child Support, etc.
- 4. If supported by another person, we may ask for a letter detailing the mount of support from that person. We may also ark for that person's information too.

If you are applying for a Household Membership, you may include your spouse and your children 18 and younger. If there are children which you have guardianship or custody of, that are not your children, please provide us with verification of the guardianship or custody.

Please allow 2 weeks for the application to be processed. During busier months, it may take up to four weeks due to the volume of applications received.

The application is figured based on household income and the number of people in the household. These figures are plugged into a sliding scale based on current figures of the Federal Poverty Index.

The Fair Acres Family YMCA believes that ownership and pride are best developed when recipients of financial assistance contribute to the cost of their YMCA involvement. Thus, all eligible recipients will be asked to pay a portion of the membership/program fees.

Scholarship assistance offer must be accepted within 30 days of notification. If you choose to continue your membership beyond the initial scholarship awarded which is valid for 1 year, you must reapply. We will mail an application to your home about one month before your yearly membership scholarship expiration date. Your income verification must be resubmitted at this time.



| Date Received | |
|------------------------|-------|
| Welcome Desk Initials | |
| All Documents Attached | Y / N |
| Current Membership | Y / N |
| Unit I.D. | |

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Thank your for your interest in YMCA financial assistance. The YMCA strives to make our programs and membership available to all who will benefit from them, regardless of income. All financial assistance is granted on a sliding scale base on income verification, and need. All information is kept confidential. Funds for the scholarship program are raised through the **Friends of the Y Campaign** annually, in which people make donations to help support individuals and families. In light of the present economy, we are forced to limit the amount of financial assistance we an offer to one scholarship per qualifying Adult/Family. Scholarship may be used towards Fair Acres YMCA Programming Fees or Membership dues.

| We look forward to serving you. | | | | | |
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| | Please share why you | are applying for | financial assistanc | е, | |
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| | | | | | |
| Name: | Date of Birth: | | | | |
| Address: | | City: | State: | Zip: | |
| Primary Phone: | | Business Phone: | | | |
| Applicant Employment: | | Gross Monthly Income:\$ | | | |
| Spouse Employment: | | Gross Monthly Income:\$ | | | |
| Child Support:\$ | _ AFDC:\$ | SSI:\$ | Food Star | Food Stamps:\$ | |
| Disability:\$ | Student Loan:\$ | | Other:\$ | | |
| Rent/House Payment:\$ | Number living in household: | | | | |
| All financial assistance is distrib | uted on a case-by-cas | sa first-coma fir | st-served hasis Pla | aasa allow 2 waak to | |
| process your application. Schola | , | • | | | |
| registration closure. Program fe | es are due at the time | of registration, a | nd are non-transfe | erable. | |