



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ADAIR COUNTY FAMILY YMCA : Scholarship Application

General Information

The Adair County Family YMCA is an independent, not for profit organization. The YMCA derives a large portion of its income from membership and program fees, but no one will be denied membership due to financial reasons. Those who can pay the designated fees should do so, those that cannot, will receive assistance. It is with this spirit that the YMCA has developed a scholarship program.

What is the Scholarship Program?

The Scholarship Program provides families in need with financial support to participate in the Adair County Family YMCA's membership and program activities.

How will the financial assistance amount be determined?

We use a sliding fee scale, based on total household income and number of dependents. This determines the amount of assistance we are able to provide.

How long will the financial assistance continue?

Scholarships must be renewed annually.

What if I cancel my membership?

If you chose to cancel your membership after you are awarded a scholarship, you will need to wait 1 calendar year before you are eligible to reapply for assistance.

How quickly can I expect to receive financial assistance?

Applications are processed weekly and we will contact you within one business week regarding your scholarship benefits. To avoid a delay in this process, be sure to answer all questions on the application and attach the requested documents.

Can I come in and pay my membership fee month to month?

No. To keep membership costs as low as possible we require that all members pay monthly fees through automatic bank drafts OR you may choose to pay the annual amount in full.

Can I claim my significant other's child or other person on my scholarship/membership? The only people who are authorized to be on your membership or scholarship are those who you have claimed as a dependent on your previous year's tax return.

HOW TO APPLY

1. Complete the Scholarship Application Form and return it to the YMCA.
2. Submit copies of the following documents: Copy of your most recent Federal Income Tax Form and/or SSI statement
3. We will contact you via phone or email to explain your scholarship benefits. If you feel that you are in need of more assistance than provided, you can schedule an appointment with the Director to discuss your specific situation and needs.

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

****Please provide a copy of your most recent federal income tax form 1040 or a SSI Benefit statement. We cannot process your application until we have verification of your income.***

We build strong kids, strong families, strong communities.



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SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____

Email _____

ALL PERSONS LIVING IN THIS HOUSEHOLD

Name _____

DOB _____ Age _____ M F

Name _____

DOB _____ Age _____ M F

Name _____

DOB _____ Age _____ M F

Name _____

DOB _____ Age _____ M F

Name _____

DOB _____ Age _____ M F

For what type of scholarship are you applying? (Choose one)

___ Adult ___ Family ___ Single Parent Family ___

Senior Adult ___ Senior Couple ___ Youth

FAMILY INCOME INFORMATION (All income must be included)

Employer _____ Employer Phone (____) _____

Gross Salary \$ _____ (Hourly, Weekly, Monthly)

Unemployment Income per Month \$ _____

Social Security received per month \$ _____

Child Support, Maintenance, Misc. Income \$ _____

Any other income not listed above \$ _____

I certify that all information on this form is correct and true to the best of my knowledge and that I do not have additional income not reported above. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Signature of Applicant: _____ Date: _____

Attach a copy of your most recent tax return(s) verifying all of your household income. Applications without proof of income are incomplete and may not be considered.

Explain why you would like to be considered for financial aid at the YMCA. Please include any special circumstances:

FOR OFFICE USE: DATE _____

APPROVED: YES NO TYPE: _____

MONTHLY \$ _____ ANNUALLY \$ _____