



## **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:
3. Copy of your most recent Federal Income Tax Form and/or SSI statement
4. 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.

***\*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.***

# Adair County Family YMCA: SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Family members claimed on tax return: # Adults \_\_\_\_\_ # Children \_\_\_\_\_

This application is for which type of scholarship? (choose one)

Youth    Adult    Family    Single Parent Family    Senior Adult    Senior Couple

How much do you estimate you can pay towards membership? \_\_\_\_\_

Name(s) of person(s) to receive assistance:

1. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_ M/F

2. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_ M/F

3. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_ M/F

4. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_ M/F

Are any of the above current members? Yes \_\_\_ No \_\_\_

Father/Guardian's employer, if any: \_\_\_\_\_

Mother/Guardian's employer, if any: \_\_\_\_\_

Monthly gross income from all sources \$ \_\_\_\_\_

What was your family's annual gross income for last year? \$ \_\_\_\_\_

**I understand that if I do not report income or employment, this may be considered grounds for termination of my scholarship and I will not be permitted to reapply for 1 year. \_\_\_\_\_ Initial**

**I understand that if I have more than one EFT return in a year which is not paid in full, including fees, within a reasonable time, this may be considered grounds for termination of my scholarship and I will not be permitted to reapply for 1 year. \_\_\_\_\_ Initial**

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

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The undersigned swears that the above information is true and correct.

\_\_\_\_\_  
Applicant Signature