



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?**

The need for financial assistance is reassessed every year, unless specifically stated at that time.

### **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 reviewed every two weeks and we will send you a letter with information about 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.

## **HOW TO APPLY**

1. Complete the Scholarship Application Form and return it to the YMCA.
2. Submit copies of the following documents:
  - a. Copy of your most recent Federal Income Tax Form and/or SSI statement
  - b. Copy of recent paycheck stub  
(Include copies for all individuals contributing to household income)
3. A letter will be mailed to you explaining 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.

*We build strong kids, strong families, strong communities.*

**Adair County Family YMCA: SCHOLARSHIP APPLICATION**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Family members: # Adults \_\_\_\_\_ # Children \_\_\_\_\_

(A family member must be claimed as a dependent on your tax return.)

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 \_\_\_

If so, what is the expiration date? \_\_\_\_\_

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? \$ \_\_\_\_\_ \*

***\*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.***

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

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