



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Blair Family YMCA Scholarship Application

### BLAIR YMCA MISSION STATEMENT

**"To put Christian principles into practice through programs that build a healthy spirit, mind and body for all, regardless of ability to pay."**

The Blair Family YMCA strives to make our programs available to all who have demonstrated their inability to pay. By providing all requested information, you will help us meet this goal. This information is confidential and will not be used to any other purpose.

#### **What is the YMCA's financial assistance program?**

The YMCA's financial assistance program provides families in need with financial support to participate in the YMCA membership and program activities. Financial assistance is made available through SKC donations.

The Blair Family YMCA requires individuals to provide the requested information regarding income, family size and necessary expenses so that it can provide financial assistance in a fair and consistent manner.

#### **How is financial assistance amount determined?**

Fees will be based on the gross monthly income you provide us, using the most recent Federal Poverty Guidelines as a scale.

#### **How do I apply?**

Submit the completed application, along with **ALL** requested supporting documents to the member services desk.

**Incomplete applications will not be processed.**

All applications must have a copy of the most recent Federal Income Tax Form (1040 form) plus one additional form from the list. For a non-filer of Federal Income Tax, contact the Internal Revenue Service at 1-800-829-8374 to request a letter of verification of non-filing status and submit with your financial assistance application. Non-filers must present two forms from the following list:

**\*Include copies for all individuals contributing to household income.**

- Two most recent (consecutive) paycheck stubs
- Copy of current bank statement
- Social Security Income
- Disability Income
- Child Support
- ADC/Food Stamps
- Unemployment

**All applications must be complete and have the necessary supporting documents attached (copies only). Incomplete applications will not be processed. The Blair Family YMCA will notify you of its decision within 14-21 days of receipt of your application. We look forward to serving your family.**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Household Size: Adults \_\_\_\_\_ Children \_\_\_\_\_

**Name of person(s) for whom financial assistance is requested:**

- 1. \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade 16-17 school yr. \_\_\_\_\_
- 2. \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade 16-17 school yr. \_\_\_\_\_
- 3. \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade 16-17 school yr. \_\_\_\_\_
- 4. \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade 16-17 school yr. \_\_\_\_\_
- 5. \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade 16-17 school yr. \_\_\_\_\_
- 6. \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade 16-17 school yr. \_\_\_\_\_

Are you, or anyone listed above, currently a YMCA member? \_\_\_Yes \_\_\_No

**Are you interested in using services for: (Circle ALL that apply)**

Before School      After School      Schools Out Fun Club      Summer Fun Club

**Type of membership for which you are requesting financial assistance (Please circle one):**

Family      Single Parent Family      Adult (18-64)      Senior (65+)      Senior Family      Student (Full-time)      Youth (0-15)

**Please itemize your gross annual income.**

Salary	\$ _____	401(k) retirement	\$ _____
Social Security	\$ _____	Alimony	\$ _____
Child Support	\$ _____	ADC	\$ _____
Food Stamps	\$ _____	Other	\$ _____

**CERTIFICATION OF NEED**

Countless volunteers who reach out to the community and raise money for our Strong Kids Campaign make our financial assistance program possible. Please explain why you would like to be considered for financial assistance at the Blair YMCA and what it would mean to your family:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided is true and complete to the best of my knowledge. I agree to notify the Blair YMCA if my financial status changes. I also certify that I have read and understand the guidelines that must be adhered to in order to retain my scholarship (if awarded). I understand that not abiding by these guidelines can result in a termination of my scholarship.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**YMCA OFFICE USE ONLY**

Date received: \_\_\_\_\_

Date processed: \_\_\_\_\_

Effective date: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Scholarship awarded: \_\_\_\_\_%

Processed by: \_\_\_\_\_