

Orrville/Dalton YMCA
Application for Scholarship Assistance

Please complete the following information and attach the necessary documents (Copies only) and return to the Operations Director at the Orrville or Dalton YMCA. A letter stating your reasons for your request for scholarship assistance must accompany this application.

Date Application submitted: _____

Name: _____ Age: _____

Spouse's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Place of Employment: _____ Work number: _____

Name/Ages of Children in Family

1 _____ Age: _____
2 _____ Age: _____
3 _____ Age: _____
4 _____ Age: _____
5 _____ Age: _____

Are you a single-parent household? Yes _____ No _____

Application for assistance is for:

Membership: _____ Program: _____

*Childcare: _____ Other: _____

*If this application is for childcare, you must have been denied public funds benefits from the Department of Human Services. Please attach your denial letter with this application. Your application cannot be processed until you submit a denial form.

Have you ever applied for a scholarship before at the YMCA? Yes _____ No _____

**NOTE: APPLICATION WILL NOT BE
PROCESSED WITHOUT INCOME
VERIFICATION ATTACHED.**

Why is financial assistance being requested? (Check all that apply)

Denial form Human Services _____ Actively seeking employment _____

Not income eligible, but need financial help _____ Not receiving child support _____

Attending school to become gainfully employed _____ Other _____

THIS PORTION MUST BE COMPLETED OR APPLICATION WILL BE DENIED

What is the dollar amount that you are able to pay?

Membership \$ _____ (per month) Program \$ _____ (per session)

Childcare \$ _____ (per week)

Please itemize your monthly household income:

	<u>Monthly Income</u>
Wages, salaries, and tips	\$ _____
Unemployment Compensation	\$ _____
Social Security Compensation	\$ _____
Child Support	\$ _____
Aid to Dependent Children	\$ _____
Food Stamps	\$ _____
401 K Retirement Funds	\$ _____
Alimony	\$ _____
Other	\$ _____
Total Income	\$ _____

You must attach last year's Internal Revenue Service Tax Statement and/or SSI allocation statement to verify your annual earnings.

This Information provided on this form is accurate and true to the best of my knowledge.

Signature of Applicant

Please allow a minimum of three to four weeks before this application can be processed and approved/denied by the YMCA. You will be contacted in writing from the YMCA as to the status of this application.

If you have any questions, please feel free to contact the Operations Director at either branch.
Thank you.

Financial Assistance for YMCA Members and Program Participants

Within the available resources of the association, the YMCA will provide services for any youth, senior or adult who desires to participate and understands the benefits of the YMCA, regardless of his/her ability to pay the prescribed fee.

Those not able to pay the full fee may be awarded partial financial assistance based on their ability to pay and the funds available to the YMCA.

Eligibility

- 1 Applicants must work, attend school or reside in the YMCA of Orrville service area.
- 2 Assistance will be granted on the basis of financial need. The family income guidelines attached will be used as eligibility criteria
- 3 For assistance for child care, parents must be working, attending job training or school within the hours of the child care program. Also, they must not be eligible for public funding
- 4 The YMCA believes that a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of his or her YMCA involvement. Therefore, applicants will be required to pay a portion of the fees
- 5 Financial assistance can be granted for one session of a program, or for up to one year's membership. Child care assistance is based on the school year
- 6 Financial assistance is non-transferable
- 7 Once approved the co-payment must be paid in full

How to Apply

- 1 Complete the application form and letter of request
- 2 Be sure to attach verification of your monthly income (recent paycheck stub, benefits printout, income tax for previous year, or financial resources)
- 3 Return the application to the Orrville or Dalton YMCA Operations Director
- 4 Application are reviewed on a monthly basis

After your application is received, your request will be submitted for final approval to the committee. You will receive written notification of the committee's decision.