

# WORTHINGTON AREA YMCA FINANCIAL ASSISTANCE

Application must be filled out completely. Please print clearly and include all required documents. Missing information will delay the application process.

TO BE COMPLETED BY YMCA STAFF			
Date Received			
Contacted Via	Phone	Email	
All Documents Attached	Yes	No	
Approved	Denied	%	

MEMBER INFORMATION: Head of Household				
First Name	Last Name		Birthdate	Gender
Address		City		State Zip
Primary Phone	Secondary Phone		Employer	
Email			Please provide to receive updates and information.	

ADDITIONAL ADULT IN HOUSEHOLD				
First	Last Name		Birthdate	Gender
Email			Employer	

DEPENDENTS FOR FAMILY OR 1 ADULT HOUSE MEMBERSHIPS				
Please list only dependents living in household				
First	Last	M or F	Relationship	Birthdate:
First	Last	M or F	Relationship	Birthdate:
First	Last	M or F	Relationship	Birthdate:
First	Last	M or F	Relationship	Birthdate:
First	Last	M or F	Relationship	Birthdate:
First	Last	M or F	Relationship	Birthdate:

I am applying for assistance with (circle one): **Membership**      **Youth Programs**      **Both**  
 If applying for membership, which type (circle one): **Young Adult**    **Adult**      **Senior**    **1 Adult House**    **Adult +1**    **Family**

### Scholarship Applicants: Please itemize your annual household income. Documentation is required.

	Applicant	Other Adult	Verification Attached	Y Staff Verification
Salary, wages, and tips**				
Unemployment**				
Social Security **				
Child Support**				
Government Cash Assistance**				
Food Support**				
Other**				
Total Annual Income				

\*\*Documentation of additional forms of income (if applicable) Social Security, pension, retirement, federal and state disability/SSI, VA disability, unemployment food support, child support, foster care payments, alimony/maintenance or any other income/assistance not listed.

\*\*Income verification is required for all members of the household.

\*\* If you indicate that you have no income or benefits, please attach a brief statement indicating how your basic needs are being met.

\*\* The WORTHINGTON AREA YMCA reserves the right to deny assistance without proper documentation.

Please complete the reverse side of this application, failure to do so could result in denial of application →

Here at the WORTHINGTON AREA YMCA, we award scholarships ranging from 20-60% off the membership rate, and 25-50% off the cost of qualified programs. Scholarships reduce fees, but do not eliminate them.

The Y believes a strong sense of ownership and pride is developed when our scholarship recipients contribute to the cost of their YMCA involvement. Awards are good for up to one year, at which time your membership will automatically terminate. If you would like to continue at the end of your time, you will need to complete this scholarship process again.

Please do not register for programs prior to your scholarship application being approved. The YMCA will not apply financial assistance to past registrations or memberships. After an application has been approved, assistance can be applied to all relevant memberships and programs moving forward through the expiration date.

Your fees are subject to increase, including when you reapply. If you do not reapply when requested, your enrollment will be terminated.

All YMCA members receive the same membership benefits, regardless of assistance qualification. YMCA members can feel great knowing that they are involved in an organization that cares greatly for the health and well-being of people and is committed to building strong kids, strong families, and strong communities.

If you feel that you have extenuating circumstances that are not addressed in this application, please attach an additional paper explaining the situation.

### **SCHOLARSHIP APPLICATION ACKNOWLEDGEMENTS**

**Head of household must read and sign the below acknowledgments:**

-I have provided all necessary documentation or proof of income such as most recent filed tax return form 1040 or Schedule C if self-employed, or the last three (3) paystubs for all adults in the household, if applicable your Social Security Income letter, SNAP, Child Support, or state/county assistance.

-I hereby certify that the information supplied on this application is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA in writing of any changes in the information supplied in this application such as income, address, living arrangement, marital status or other matters that might affect my eligibility for financial assistance. I understand that any false information supplied can result in termination of scholarship.

-I understand my YMCA scholarship membership will be for a duration of up to 12 months and will remain in effect until terminated at the end of that time. If I wish to end my membership early, notification in writing per the Termination Policy is required.

-Membership rates are subject to increase: You will be notified in advance of any increases in membership rates.

-I understand that sharing barcodes is not allowed and can result in termination of YMCA Membership.

-I understand that if approved, unless Paid in Full, this is a continuous membership plan.

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

Date \_\_\_\_\_