



Approved: _____ % Rates & _____ % Youth Programs DENIED DATE: ____/____/____

WORTHINGTON AREA YMCA FINANCIAL ASSISTANCE APPLICATION

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

MEMBER INFORMATION: Head of Household			
First Name:	Last Name:	Birthdate:	Gender:
Address:	City:	State:	Zip Code:
Primary Phone:	Secondary Phone:	Employer:	
Email:			

ADDITIONAL ADULT IN HOUSEHOLD:			
First Name:	Last Name:	Birthdate:	Gender:
Primary Phone:	Secondary Phone:	Employer:	
Email:			

DEPENDENTS FOR FAMILY OR 1 ADULT-HOUSEHOLD MEMBERSHIPS				
First Name:	Last Name:	Birthdate:	M or F	Relationship:
First Name:	Last Name:	Birthdate:	M or F	Relationship:
First Name:	Last Name:	Birthdate:	M or F	Relationship:
First Name:	Last Name:	Birthdate:	M or F	Relationship:
First Name:	Last Name:	Birthdate:	M or F	Relationship:
First Name:	Last Name:	Birthdate:	M or F	Relationship:

TYPE OF ASSISTANCE			
I am applying for Assistance for:(circle one)	MEMBERSHIP	YOUTH PROGRAMS	BOTH

TYPE OF MEMBERSHIP						
I am applying for membership, which type:(circle one)	YOUNG ADULT	ADULT	SENIOR	ADULT +1	1-ADULT HOUSEHOLD	FAMILY

SCHOLARSHIP APPLICANTS: Please itemize your ANNUAL HOUSEHOLD INCOME. (anyone 18 yrs + living in the household) DOCUMENTATION IS REQUIRED.				
	Applicant:	Other Adult (18 yrs. +)	Verification attached	
Salary, wages, and tips	\$ _____ per year	\$ _____ per year	Y or N	
Unemployment	\$ _____ per year	\$ _____ per year	Y or N	
Social Security	\$ _____ per year	\$ _____ per year	Y or N	
Child Support	\$ _____ per year	\$ _____ per year	Y or N	

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Government Cash Assistance	\$	per year	\$	per year	Y or N
Government Food Support	\$	per year	\$	per year	Y or N
Other income	\$	per year	\$	per year	Y or N
TOTAL ANNUAL INCOME	\$	per year	\$	per year	Y or N

**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 monthly expenses are being met.
 **The Worthington Area YMCA reserves the right to deny assistance without proper documentation. Please complete this application in its entirety, failure to do so could result in denial of application.

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 12 months; at which time your membership will AUTOMATICALLY TERMINATE. If you would like to continue at the end of those 12 months, you will be required to complete the Financial Assistance process again.

Please do not register for programs prior to your scholarship application being approved/denied. The YMCA will not apply financial assistance to past registrations or memberships. After an application has been approved, assistance can then be applied to all relevant registrations and memberships moving forward through the 12-month expiration date.

Your fees are subject to increase, including when you reapply. If you do not reapply at the end of the 12-month period, 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.

SCHOLARSHIP APPLICATION ACKNOWLEDGEMENTS – HEAD OF HOUSEHOLD MUST READ AND SIGN BELOW

1. I have provided all necessary documentation or proof of income, two most recent pay stubs or most recent tax document (1040 or schedule C if self-employed, for all adults (18 yrs. +) living in the household, if applicable your social security income letter, SNAP, child support, or state/county assistance letters.
2. I hereby certify that the information supplied on this application is true, accurate, and complete to the best of my knowledge.
3. I am 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 arrangements, marital status, or other matters that may affect my eligibility for assistance. I understand that any false information can result in termination of scholarship.
4. I understand my YMCA scholarship membership will be for a duration of up to 12-months. If I wish to end my membership early, a complete cancellation form is required per the termination policy.
5. Membership rates are subject to increase: You will be notified in advance of any increases in membership rates.
6. I understand that sharing barcodes for entry to the YMCA facility is strictly prohibited and can result in termination of your YMCA benefits and membership.
7. I understand that if approved, unless paid in full, this is a continuous monthly membership plan.

APPLICANT SIGNATURE:

DATE: