



SCHOLARSHIP APPLICATION

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Parent/Application Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Type of membership you are requesting (check one)		
<input type="checkbox"/> Individual	<input type="checkbox"/> Single Family	<input type="checkbox"/> Family
Type of program (team sports are not included)		
<input type="checkbox"/> Aquatics	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Youth Sports
<input type="checkbox"/> Child Care (Location: _____)		
<input type="checkbox"/> School Age (Location: _____)		

HOUSEHOLD MEMBERS (include spouse/partner and legal dependents)	Relationship	Date of Birth	Age

Please give a brief explanation of **why** you need financial assistance, **length of time** requested and **amount** you would be able to pay month. (Attach a separate sheet if needed).

INCOME INFORMATION (Please use GROSS income information, before taxes.)

Applicant's Employer: _____ Employer's Phone: _____
 Full Time Part Time Paid: Weekly Bi-Weekly Monthly Hours per week _____ Monthly Amount \$ _____

Spouse/Partner Employer: _____ Employer's Phone: _____
 Full Time Part Time Paid: Weekly Bi-Weekly Monthly Hours per week _____ Monthly Amount \$ _____

Do you have a medical condition that prevents you from working? Yes No

If you receive any of the following, please fill in the MONTHLY amount:
Child Support \$ _____ Alimony \$ _____ Other income \$ _____ SSI/SSD \$ _____ Retirement \$ _____

TOTAL MONTHLY GROSS INCOME FROM ALL SOURCES \$ _____

- Please ensure the following items are included with your request. Incomplete applications will be returned without review.
- ___ Copy of most current income tax return or proof of filed extension
 - ___ Copy of applicant's driver's license or government-issued ID card
 - ___ Copy of last four paystubs/social security or disability statement/or other income
 - ___ Copy of current class schedule if claiming student status

If you are unable to submit the documentation noted above, a letter of explanation must accompany this financial scholarship application. In addition, all adults in the household must be employed to be considered for a scholarship. Please allow two to four weeks to process your application.

Applicant's Signature _____ Date _____

TO OBTAIN A SCHOLARSHIP

Complete the application on the reverse side of this brochure.

All questions must be answered completely.

Incomplete application will be returned.

Scholarship Checklist

All documentation below is required in addition to your completed application:

- Copy of most current income tax return or proof of filed extension
 - Copy of applicant's driver's license or government-issued ID card
 - Copy of last four paystubs/social security or disability statement/or other income
 - Copy of current class schedule if claiming student status
 - In addition, all adults in the household must be employed to be considered for a scholarship.
- If you are unable to submit the documentation noted above, a letter of explanation must accompany this financial scholarship application.

It may take up to two to four weeks to process your application.

HOW WE ARE ABLE TO PROVIDE

SCHOLARSHIPS

The SKY Family YMCA is a nonprofit organization committed to helping people grow in spirit, mind and body. Our Y believes that our programs and services should be available to everyone. Thanks to the many supporters of The SKY Family YMCA and the United Way, we are able to provide financial assistance through a scholarship program.

SCHOLARSHIPS

- ▶ YMCA scholarship guidelines are based on national, state and local poverty levels. The scholarship discount is based on GROSS household income (Before taxes or any deductions), including all non-employment income such as child support, retirement, disability.
- ▶ Scholarships generally are not more than 25% for memberships and programs. Child care scholarships are not always available and are subject to director approval, pending space available.

▶ Scholarships have an expiration date. If your application is approved, you will receive by mail documentation about your scholarship that notes the amount of the discount and date of expiration. You must initial and sign the form and return it to the YMCA before your scholarship will become active. **YOU WILL NOT RECEIVE ANY FURTHER NOTIFICATION.** If you are still in need when your scholarship expires, you may reapply following the same procedures as your original application. New and current applications and income verification is ALWAYS needed.

▶ If you household income changes drastically, you may contact us to see if changes can be made to your scholarship.

▶ If you are under the age of retirement and not disabled, all adults in the household **MUST** be employed. If you are actively seeking employment, however, you may qualify for a temporary scholarship. If you are not employed during this time, your scholarship will not be extended or be eligible for redetermination.



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FOR SOCIAL RESPONSIBILITY

SCHOLARSHIP PROGRAM

Practical assistance for...

- ▶ Youth and families on limited incomes.
- ▶ Families or adults who are temporarily unemployed, overwhelmed by medical bills or are experiencing other temporary financial difficulties.

The SKY Family YMCA

BONITA SPRINGS
PORT CHARLOTTE
ENGLEWOOD
NORTH PORT
PUNTA GORDA
FORT MYERS
VENICE



United Way

www.SWFLYMCA.org

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