

FINANCIAL ASSISTANCE

The Mt. Sterling Community Center YMCA scholarship assistance program is made possible through contributions from the Annual Campaign. Those not able to pay the full fee for memberships or programs may be awarded partial financial assistance based on their ability to pay. The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of the membership and program fee.

Please provide the information requested on the following pages and attach the necessary documents (photocopies only) listed below and return them to the YMCA Executive Branch Director.

Along with the completed application, please provide the following:

- Picture ID- preferably a driver's license
- Proof of income received by all individuals in the household.

Examples include: Social Security Disability; Child Support; Alimony; Housing Subsidy; Two Current Consecutive pay stubs or copies of unemployment payments (if currently employed); State Assistance

- A copy of your most current income tax return

Application

Date

Name

Social Security #

Street Address

City, State, Zip

Home Phone

Work Phone

Date of Birth

Employer

Length of Employment

Application for financial assistance is to be best used for: (mark all that apply)

- Family Membership
- Program/Class
- Summer Day Camp
- Adult Membership
- Sport League
- After School Program

Are you a single parent household? Yes No

Applicant's Monthly Gross Income

OR

Yearly Gross Income

Spouse's Monthly Gross Income

OR

Yearly Gross Income

Other Household Income



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Spouse/Child(ren)'s Names	Age	Employer/School & Grade	Date of Birth

Please list any extenuating circumstances that are severely limiting your income at this time.

References

Name	Phone Number	Relationship to Applicant

All information provided is correct to the best of my knowledge and may be verified by the Mt. Sterling Community Center YMCA. I understand that providing false information will make me ineligible for participation in all YMCA programs and facilities. I understand that the decision to grant a reduction of fees is at the sole discretion of the YMCA and its officials. I understand that if I fail to abide by the payment schedule agreed upon, membership privileges may be revoked and I may be ineligible for future fee reductions. I also understand that I must apply annually by the renewal date for further assistance.

Applicant's Signature

Date

YMCA Use Only

Application reviewed on: _____

Approved for amount of: \$ _____

Denied for reason: _____

Notification date: _____

Notification date: _____

