



Niles-Buchanan YMCA Financial Assistance – Scholarship Application

When applying for Financial Assistance-Scholarship, please complete the attached form and return it to the YMCA with all of the items listed below:

1. Complete YMCA Application for Financial Assistance (attached).
2. A copy of your most recent Federal tax forms (required), and supporting W2 statements.
3. A copy of 2 most recent pay stubs from all working adults in the household, or a termination letter from most recent employer.
4. A copy of any Government Assistance check, or award letter. These could include: Unemployment, Social Security, Disability, Child Support, and/or Food Stamps.
5. If children are eligible for free lunches at school, please bring verification.
6. If financial papers are not available, please provide written documentation as to why they are not available.
7. Birth Certificates or Legal guardianship letter for any children not listed as dependent(s) on Federal tax return.
8. Proof of full-time student status for any dependent child age 18-23.

A designated YMCA representative will contact you if an interview is needed. Otherwise you will receive a telephone call or letter with the scholarship determination.

All financial information provided will be kept strictly confidential.



Niles-Buchanan YMCA
Confidential Application for Financial Assistance

What type of membership are you interested in?

Family____ Adult____ Teen____ Youth____

Personal:

Name_____ Spouse Name_____

Address_____ City_____ State____ Zip_____

Home Phone_____ Cell/Work Phone_____

Dependent Children:

Name_____	Birthdate_____
Name_____	Birthdate_____
Name_____	Birthdate_____
Name_____	Birthdate_____
Name_____	Birthdate_____

Employment:

Are you currently employed? Yes__ No__ If no, reason_____
 Employer Name_____ Occupation_____
 Address_____ Length of Employment_____

Is your spouse employed? Yes__ No__ If no, reason_____
 Employer Name_____ Length of Emp._____

Students: Are you or spouse presently enrolled in school? Yes__ No__
 Full Time____ Part Time____ Receiving Financial Aid____

Monthly Income:

Employment (include spouse)	\$_____
Child/Spousal Support	\$_____
State/Federal Aid	\$_____
Food Stamps	\$_____
Medical Aid	\$_____
Other _____	\$_____

General:

Please share your reason for applying for financial assistance_____

I affirm that the information I have provided is accurate. I understand that providing inaccurate or incomplete information is cause for denial or loss of all financial assistance and membership eligibility. I also understand that if accepted, my financial assistance will be reviewed on a regular basis as determined by the YMCA staff.

Signature_____ Date_____

Office Use Only:

Date Received: _____

Annual Income: _____ # of Family memb: _____

Decision:

Approved? Y N

If No, reason _____

Membership Type: _____ %off: _____

Fees: _____ per month/year

Programs %off: _____

Length of scholarship: _____

Renewal Date: _____

Interview Conducted by: _____

Decision made by: _____

Date: _____