



# SCHOLARSHIP APPLICATION\*

The YMCA works best when everyone is included.

Helping people become the best they can be is what the YMCA is all about. Everyday, the Springfield Family Y works to promote the healthy development of children, to build positive behavior in teens, and to strengthen the families we serve. Since 1854, the Springfield Family Y has been committed to helping people grow in spirit, mind, and body.

The Springfield Family Y welcomes all who wish to participate and believes that no one should be denied membership based on his/her ability to pay. Through our financial assistance program, The Springfield Family Y provides membership assistance to youth, adults and families based on individual needs and circumstances. Scholarship amounts are determined in a fair and consistent manner.

Every YMCA member receives the same membership benefits, regardless of whether he/she is receiving a scholarship. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the health and well-being of all people, and is committed to youth development, healthy living and social responsibility.

**\*Financial assistance reduces fees; it does NOT eliminate them.**

To be considered for YMCA financial assistance, simply complete the application on the back, providing the requested information regarding your income and family size. Use the **Financial Documents Worksheet** below to help you determine which documents you must include. Return this completed application, including all financial documents which apply to your monthly income, to the Springfield YMCA. **All scholarship applications and personal documents are kept confidential. Documentation is destroyed after review process is completed.**

## FINANCIAL DOCUMENTS WORKSHEET

Place a check mark  in front of all sources of your monthly income:

If you receive Monthly Income from



Then you must include these *Financial Documents* with your application.

EMPLOYMENT

**Current Pay Stubs** amounting to one month of gross pay for each working individual in the household...

**AND**



**Copy of Prior Year's Federal Tax Return** (Form 1040) All scholarship applicants must provide this document. *If you do not have a copy of your tax return, you can get one by calling the Internal Revenue Service at... 800-829-1040 or visit their website [irs.gov](http://irs.gov).*

CHILD SUPPORT

UNEMPLOYMENT

ALIMONY

DISABILITY

SOCIAL SECURITY

FEDERAL OR STATE AID

MEDICAL AID

RENT ASSISTANCE

FOOD STAMPS

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)



**Copy of Payment** or **Copy of Bank Statement** showing amount of automatic monthly deposit for each source of income.

- All financial assistance memberships will be granted for 12 months.
- The YMCA requests that individuals and families reapply annually, with updated documentation.
- If your circumstances change making your scholarship unnecessary, contact our membership staff.
- Membership Fees are subject to increase when you reapply.
- If you do not reapply at the time requested, your membership may be cancelled.
- **Please contact our Membership Director if you have any questions.**



**For Youth Development  
For Healthy Living  
For Social Responsibility**

**Springfield Family YMCA**

300 S. Limestone, Springfield, OH 45505

[www.springfield-ymca.com](http://www.springfield-ymca.com)

Membership total	Program total	Total	Membership Paid	Program Paid	Total Paid	Scholarship Paid
Approved	Date	Applicant Notified	Date			



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Apply for a Scholarship in five easy steps!

## 1 Applicant Information

Name		
Home address		
City	State	ZIP code
Home phone ( )	DOB (mm/dd/yyyy)	
Email		
If a child (under 18): Parent's or legal guardian's name		
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no		

## 2 All persons living in this household

Place a <input checked="" type="checkbox"/> for each family member applying for assistance.	Date of Birth
Parent/Guardian/Adult Employer <input type="checkbox"/>	
Parent/Guardian/Adult Employer <input type="checkbox"/>	
Child <input type="checkbox"/>	
Child <input type="checkbox"/>	
Child <input type="checkbox"/>	
Child <input type="checkbox"/>	
Child <input type="checkbox"/>	
Child <input type="checkbox"/>	
Other dependent(s) <input type="checkbox"/>	Age(s)

## 3 Have you ever participated in a YMCA scholarship program?

yes  no If yes: when? \_\_\_\_\_

This is an application for:

- Membership
  - Active Older Adult (AOA)
  - Active Older Couple (AOA Couple)
  - Adult
  - Family
  - Single Parent Family
  - Student
  - Youth

**This application must be renewed every 12 months!**

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, or if my income level increases, I will contact my YMCA membership staff immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

**5** \_\_\_\_\_  
Signature of person completing this form Date

## 4 Financial Resources

Please list amount of all financial resources you and/or your family receive on a **monthly basis**. Documentation must be attached or the application will be returned to you.

	Adult #1	Adult #2	Children	Household Total
Total Gross Wages				
Child Support				
Temporary Assistance for Needy Families (TANF) Ohio Works First (OWF)				
Social Security Income				
Social Security Disability				
Unemployment				
Alimony				
Retirement				
Pension				
Monthly Value of Food Stamps				
HUD (Section 8)				
Other Assistance (child care subsidy, federal/state aid, medical aid, etc.)				
<b>Total Monthly Income</b>				
<b>Total Annual Income (Total Monthly Income x 12)</b>				

\*How much can you contribute per month? \_\_\_\_\_

## Additional Information

I want/need a YMCA Scholarship because:


Please use this section to indicate any other information or extenuating circumstances that you feel were not included in this application. If you need more space, attach an additional piece of paper to the form. You may also be asked to include a separate letter if necessary.

**Attach all applicable financial documents and turn into the Springfield Family YMCA.**