



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA Scholarship Program

The Blair Regional YMCA is a not for profit health and human services organization committed to helping people grow in spirit, mind and body. YMCA's are here to serve people of all ages, backgrounds, abilities and incomes. The Y is community based and believes that its programs and services should be available to everyone. Therefore, the Y offers a financial assistance program with a sliding fee scale that is designed to fit each individual and/or family's financial situation.

Individuals and/or families participating in the Financial Assistance Program receive the same membership and/or program benefits as all YMCA member and program participants.

Over the years, the Y has found that the Financial Assistance program is most utilized by:

- Adults who are temporarily out of work
- Heads of households that are experiencing financial hardships
- People on fixed incomes
- People overwhelmed by medical bills
- Other extenuating circumstances

The Scholarship Program is funded through generous contributions from individuals and businesses in the community. Scholarships are granted for a specific time period, usually 12 months. The Scholarship Program reduces membership and/or program fees; it does not eliminate them.

The Blair Regional YMCA requires the individual/family to provide the requested information on the attached form regarding income, family size, and specific expenses so that financial assistance is provided in a fair and consistent manner. The YMCA also requires that individual/family reapply annually or as requested to keep eligibility current.

To process your application please provide the following **required** information:

- Copy of last year's tax return
- (and) Copy of last two pay stubs
- (and) For Child Care: Verification of CCIS application and eligibility determination (eligible and receiving funding or eligible and on the waiting list or denied eligibility)
- (or) Copy of social security or disability checks

NOTE: If you did not file taxes last year, or if you do not have the other required documents, please submit a letter explaining your personal situation along with the completed application.

# Financial Assistance Application

Please complete the entire application or it will be returned.

**Please indicate the area of financial assistance for which you are applying:**

**Membership** (Please circle): Youth Teen Adult Senior Family

**Program** (Please circle): Child Care Youth Sports Day/Resident Camping

Other \_\_\_\_\_

## Head of Household Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Spouse/Significant Other Name (if applicable): \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you or your spouse/significant other a full time student? (Please circle) Yes No

If Yes, where? \_\_\_\_\_

**Total Number of Dependents** (the number of dependents you claim on your federal income tax return): \_\_\_\_\_

**List the names and ages of all the persons in the household** (include last name if different from applicant). Please put a check ( ) beside each person benefitting from Financial Assistance.

1) \_\_\_\_\_ Age \_\_\_\_\_

2) \_\_\_\_\_ Age \_\_\_\_\_

3) \_\_\_\_\_ Age \_\_\_\_\_

4) \_\_\_\_\_ Age \_\_\_\_\_

5) \_\_\_\_\_ Age \_\_\_\_\_

6) \_\_\_\_\_ Age \_\_\_\_\_

7) \_\_\_\_\_ Age \_\_\_\_\_

8) \_\_\_\_\_ Age \_\_\_\_\_

# Income/Expense Worksheet

Please complete the entire worksheet or it will be returned.

**Please include yours and if applicable, your spouse/significant other's income/expense information.**

## Monthly Income:

\$ \_\_\_\_\_ 1) Your Gross Monthly Income  
(Submit last 2 pay stubs)

\$ \_\_\_\_\_ 2) Spouse Gross Monthly Income  
(Submit last 2 pay stubs)

\$ \_\_\_\_\_ 3) Child Support

\$ \_\_\_\_\_ 4) Social Security or Disability

\$ \_\_\_\_\_ 5) Welfare (submit a copy of card)

\$ \_\_\_\_\_ 6) Food Stamps

\$ \_\_\_\_\_ ?) Unemployment

\$ \_\_\_\_\_ 8) Other (Please explain)

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_ **Total Monthly Income (Household)**

\$ \_\_\_\_\_ **Total Annual Income (Household)**

## Monthly Expenses:

\$ \_\_\_\_\_ 1) Rent/mortgage (circle one)

\$ \_\_\_\_\_ 2) Auto Loan

\$ \_\_\_\_\_ 3) Home Utilities (gas, water, electric)

\$ \_\_\_\_\_ 4) Telephone (listed in your name)

\$ \_\_\_\_\_ 5) Child Support

\$ \_\_\_\_\_ 6) Medical

\$ \_\_\_\_\_ 7) Child Care

\$ \_\_\_\_\_ 8) Food

\$ \_\_\_\_\_ 9) Other (ie: cable, extra-curricular activities (Please list with the expense amount))

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_ **Total Monthly Expenses (Household)**

Are there any extraordinary circumstances that should be taken into consideration when reviewing this application? If yes, please explain. \_\_\_\_\_

Do you share expenses with anyone else in your household? \_\_\_\_\_ Total number in household \_\_\_\_\_

**I have included:** (Check all that apply)  Tax Form  Last Two Paystubs  Social Security or Disability Documentation  
 Other Income Verification  CCIS Application Verification

I verify that all of the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the YMCA Financial Assistance Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date