

First Name:	Last Name:

FOR SOCIAL RESPONSIBILITY
FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING

Scholarship Assistance Application

The YMCA is devoted to building strong kids, strong families and strong communities by providing programs that build a healthy spirit, mind and body for all. Character development is the basis of all YMCA programs, which are guided by five core values; caring, honesty, respect, responsibility and faith. Throughout our YMCAs we strive to develop these character values in our members and ourselves. One of our goals at the YMCA is to not exclude anyone because of an inability to pay. We offer financial assistance to individuals and families so that YMCA programs are accessible to every person in our community.

The Mississippi Gulf Coast YMCA will make every effort to expedite this application in a timely manner. Once all of the required documentation has been verified, your application will be processed and you will be notified of your status. However, if an applicant submits partial information, the applicant will have to provide a complete set of information before the application is processed.

Assistance funds are limited; therefore this application does not guarantee approval of assistance.

describing what YMCA financial assistance would mean to the applicant(s). In applying for the scholarship you allow the YMCA to share your story and may be called to assist during our campaigns to raise money for our scholarship program.					

YMCA Member: Y or N



Last Name:	First Name:
------------	-------------

Circle the area you are applying for: Membership Programs Afterschool Preschool

Our Policy

The YMCA strives to turn no one away due to financial hardship and an inability to pay appointed fees. These records are kept extremely confidential. Funding will be limited to an availability of financial resources. Notification is done by phone and or/mail. You will have seven days to accept or decline your assistance.

Sources of scholarship funding are allocated from the following: YMCA "Strong Kids Campaign" and some programs receive funds through United Way.

Con	_		
40111	-	 	

Name	
Street Address	
City, ST, Zip code	
Home Phone	
Cell/Work Phone	
Email Address	
Place of Employment	
, -	

Family Information

Family Member	<u>Relationship</u>	Birth Date	Social Security
	Self		
	Spouse		
	Dependent		
	Dependent		
	Dependent		

The application should have the following forms attached: Failure to provide these forms will result in a delay or termination of processing your application:

 Two recent paycheck stubs (if working) 	 Most recent tax forms (front page only)
□ Other Income (SSI, Child Support, Etc.)	 College enrollment forms for current semeste

Household Monthly Income:	
Total Other Income (Child Support, SSI, Disability, etc.):	
Annual Household Income: (as reported on recent tax forms):	
What amount can you afford to pay monthly:	

Verification of Income

Please list all sources of income for your household

Source of Income	Yes	No	Name of Person Receiving	Gross Amount (before taxes)	How Often Paid
Employment (self)					
Employment (spouse)					
Self-Employment					
Child Support/Alimony					
SSI (parent/child)					
Social Security					
Food Stamps					
TANF					
Housing Assistance					
Educational Grants					
Educational Loans					
Educational Scholarships					
Other					

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I will report a change in my income, family size or contact information immediately.

Name (Printed)	
Signature	
Date	

Office Use Only

Subsidy %	
Participants %	
Registration Fee:	
Program/Membership Fee:	
Expiration Date:	
Potential scholarship value for this time period:	