

YMCA of Greater Cincinnati Scholarship Application Form

Applicant

Name	Home Phone	Email	DOB
Home Address	City	State	Zip Code

Type of Application:

Membership

- Adult
- Senior Adult
- Senior Family
- Household/Family
- One Parent Family

Program

- Lessons
- Swim Team
- Sports
- Camp
- Child Care

Terms:

- Applicant must live in the service area of the YMCA.
- Applicants will be asked to pay a portion of the fees. Failure to pay the approved amount could result in cancellation.
- Scholarships will be reviewed for eligibility for each membership or program period. Those applying for renewals must submit income verification and application even if information has not changed.

Application:

- All applicants must include copy of most recent Federal tax return for proof of individual and/or family income. If taxes were not filed, other income verification must be included (pay stubs, official documents, etc.)
- All applications must be completed thoroughly and accurately, or they will not be processed.
- In order to assist as many families as possible, families applying for assistance for Child Care must first seek assistance through the Department of Human Services and/or United Way, and submit proof.
- All information is confidential.
- All renewal applications must include a letter of experience, explaining how the YMCA's services impacted your life, and must include a statement as to why a scholarship is still necessary.**
- All new applications must include a letter stating why scholarship funds are being requested.**

Please list 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.

	Total Gross Wages	Child Support	ADC (Aid to Dependent Children)	SSI	Unemployment	Alimony	Retirement	Pension	Total
Adult									
Adult									
Children									
Total									
Monthly Value of Food Stamps:									
Monthly Value of Housing (HUD):									
Indicate any other assistance (medical aid, child care subsidy, federal or state aid) that you and/or your family receives:									
Total Monthly Income									
Total Yearly Income									
How much are you able to pay?									

I certify that the above information is true and complete and 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 scholarship assistance is based on need. In the event that my children or I must cancel our participation, I will contact the YMCA immediately so scholarship funds can be provided for 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.

Signature of person completing this form.

Date