



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SCHOLARSHIP APPLICATION

YMCA OF GREATER CLEVELAND

The YMCA is a not-for-profit health and human services organization committed to helping people grow in spirit, mind and body. YMCAs 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. That is why we offer our financial scholarship program.

What is the YMCA Scholarship Program?

The Scholarship Program is a sliding fee scale that is designed to provide services for any family, adult, youth or senior who desires to participate and understands the benefits of the YMCA, regardless of their ability to pay the prescribed fee. Those not able to pay the full fee may be awarded Scholarship based on their demonstrated ability to pay and the YMCA's ability to fund the subsidy.

How do I apply?

To apply for assistance, simply complete the application and provide the requested information regarding income and family size to your YMCA Branch. This helps ensure we can provide scholarships in a fair and consistent manner. The review process for granting scholarship will be handled in a location-by-location basis.

All membership scholarships are granted until May or October, depending on the date application is received. The YMCA requests that individuals and families reapply after this time period to keep the information on file updated.

Fees are subject to increase when you reapply. If you do not reapply at the time requested, your membership may be terminated.

To be considered for assistance, all of the applicable documents listed below must accompany this application.

- Copy of prior year's tax return.
- Copy of at least two current pay stubs.
- Copy of Social Security or Disability checks, or copy of bank statement showing amount of automatic monthly deposit.
- Copy of unemployment check, child support or alimony payment, or copy of bank statement showing amount of automatic monthly deposit.
- Copy of rent assistance, ADC, food stamps, or other forms of assistance.

If you have any questions regarding required documentation, please speak with your YMCA Branch Membership Director.

NOTE: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service. If you did not file taxes last year, or if you don't have the other documents required, please submit a letter explaining your personal situation.

Assistance Expiration Dates

Expiration dates will be adjusted as follows:

Initial of last name	Expiration date*
A-L	April 30
M-Z	November 30

*If assistance is awarded within four months of expiration date, the expiration date will be extended to the next calendar year.

OFFICE USE ONLY

Applicant Name		Membership Number		
<input type="checkbox"/> New Applicant	<input type="checkbox"/> Renewal Applicant	Membership Type: <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> Family <input type="checkbox"/> Senior		
Documentation included:		<input type="checkbox"/> Federal Tax Return	<input type="checkbox"/> Pay stubs	<input type="checkbox"/> SSI
<input type="checkbox"/> Alimony	<input type="checkbox"/> Rent Assistance	<input type="checkbox"/> ADC	<input type="checkbox"/> Disability	<input type="checkbox"/> Unemployment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Child Support
Joiner Fee	Membership Rate	Co-Pay	Scholarship Total	Expiration Date
Approved	Date	Applicant Notified	Date	

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IMPORTANT INFORMATION ON BACK

APPLICANT

Name	Home Phone	DOB	
Home Address	City	State	ZIP code
If a child (under 18): Parent's or legal guardian's name(s): _____			

All persons living in this household

Parent	DOB	Parent	DOB
Child	DOB	Child	DOB
Child	DOB	Child	DOB
Child	DOB	Child	DOB

Other dependents _____ Age(s) _____

Are you or another adult family member at home during the day? Yes No

This application is for: (check all that may apply)

<input type="checkbox"/> Membership	<input type="checkbox"/> Youth Sports	Name: _____
<input type="radio"/> Youth	<input type="checkbox"/> Swim Lessons	Session: _____
<input type="radio"/> Adult	<input type="checkbox"/> Fitness	Program: _____
<input type="radio"/> Family	<input type="checkbox"/> Child Care	Approved: _____ Notified: _____
<input type="radio"/> Senior	<input type="checkbox"/> Other	

Have you ever participated in a YMCA scholarship program? Yes No If so: when? branch? _____

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	SSI	Unemployment	ADC	Retirement/ Alimony	Pension	Total
Adult								
Adult								
Children								
Total								
						Monthly value of food stamps if applicable:		
						Indicate any other assistance (medical aid, child care subsidy, rent assistance, federal or state aid)		
						Total monthly income		
						Total yearly income		
						How much are you able to pay?		

Please share any other information or extenuating circumstances you would like to be considered as part of this application. You may use a separate sheet of paper if necessary.

THIS APPLICATION MUST BE RENEWED IN APRIL AND NOVEMBER OF EACH YEAR.

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 is based on need. 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
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