



## Niles-Buchanan YMCA Financial Assistance – Scholarship Application

When applying for Financial Assistance-Scholarship, please complete the attached form and return it to the YMCA with all of the items listed below:

1. Complete YMCA Application for Financial Assistance.
2. A copy of your most recent Federal tax forms (required), and supporting W2 statements.
3. A copy of 2 most recent pay stubs from all working adults in the household, or a termination letter from most recent employer.
4. A copy of any Government Assistance check, or award letter. These could include: Unemployment, Social Security, Disability, Child Support, and/or Food Stamps.
5. If children are eligible for free lunches at school, please bring verification.
6. If financial papers are not available, please provide written documentation as to why they are not available.
7. Birth Certificates or Legal guardianship letter for any children not listed as dependent(s) on Federal tax return.
8. Proof of full-time student status for any dependent child age 18-23.

A designated YMCA representative will contact you if an interview is needed. Otherwise you will receive a telephone call or letter with the scholarship determination.

All financial information provided will be kept strictly confidential.



**Niles-Buchanan YMCA**  
**Confidential Application for Financial Assistance**

What type of membership are you interested in? New \_\_\_\_ Renewal \_\_\_\_  
 Family\_\_\_\_ Couple\_\_\_\_ Adult\_\_\_\_ Young Adult (20-25)\_\_\_\_ Teen\_\_\_\_ Youth\_\_\_\_

Name\_\_\_\_\_ Birthdate \_\_\_\_\_

Spouse Name\_\_\_\_\_ Birthdate \_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_ Zip\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell/Work Phone\_\_\_\_\_

E-mail address\_\_\_\_\_ May we contact you by e-mail? y/n

Dependent Children:

Name\_\_\_\_\_ Birthdate \_\_\_\_\_

Name\_\_\_\_\_ Birthdate \_\_\_\_\_

Name\_\_\_\_\_ Birthdate \_\_\_\_\_

Name\_\_\_\_\_ Birthdate \_\_\_\_\_

Name\_\_\_\_\_ Birthdate \_\_\_\_\_

Employment:

Are you currently employed? Yes\_\_ No\_\_ If no, reason \_\_\_\_\_

Employer Name\_\_\_\_\_ Occupation\_\_\_\_\_

Address\_\_\_\_\_ Length of Employment\_\_\_\_\_

Is your spouse employed? Yes\_\_ No\_\_ If no, reason\_\_\_\_\_

Employer Name\_\_\_\_\_ Length of Emp.\_\_\_\_\_

Students: Are you or spouse presently enrolled in school? Yes\_\_ No\_\_

Full Time\_\_\_\_ Part Time\_\_\_\_ Receiving Financial Aid\_\_\_\_

Monthly Income:

Employment (include spouse) \$ \_\_\_\_\_

Child/Spousal Support \$ \_\_\_\_\_

State/Federal Aid \$ \_\_\_\_\_

Food Stamps \$ \_\_\_\_\_

Medical Aid \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

General:

Please share your reason for applying for financial assistance\_\_\_\_\_

I affirm that the information I have provided is accurate. I understand that providing inaccurate or incomplete information is cause for denial or loss of all financial assistance and membership eligibility. I also understand that if accepted, my financial assistance will be reviewed on a regular basis as determined by the YMCA staff.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**Office Use Only:**

Date Received: \_\_\_\_\_

Annual Income: \_\_\_\_\_ # of Family Members: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

**Decision:**

Approved? Y N

If No, reason \_\_\_\_\_

Membership Type: \_\_\_\_\_ %off: \_\_\_\_\_

Fees: \_\_\_\_\_ monthly

\_\_\_\_\_ Yearly

\_\_\_\_\_ 6 months

Programs %off \_\_\_\_\_

Length of scholarship \_\_\_\_\_

Renewal Date \_\_\_\_\_

Interview Conducted by \_\_\_\_\_

Decision made by \_\_\_\_\_

Date \_\_\_\_\_