



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

WELCOME TO ALL

Scholarship Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Spencer Family Y ensures that every individual has access to the essentials needed to learn, grow and thrive. This funding is provided by our annual Strong Community Campaign, which is donations from our community to help assist kids and families belong to the Y if they can not afford to with their own resources.

EVERYONE IS WELCOME

The Y welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our scholarship program, the Spencer Family Y provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the Spencer Family Y in a fair and consistent manner. Every Y scholarship member receives the benefits of our basic membership. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



- ◆ A scholarship reduces membership or program fees; it does not eliminate them. The YMCA requires individuals and families reapply annually, with updated documentation.
- ◆ If you have questions, please contact the Member Service Center at 712.262.3782 for more information.

1 APPLICANT INFORMATION

NAME _____

ADDRESS _____

CITY _____

STATE _____

PHONE _____

EMAIL _____

IF AN APPLICANT IS UNDER 18:
PARENT'S OR LEGAL GUARDIAN'S NAME.

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance.

<input type="checkbox"/>	ADULT	_____	D.O.B	_____
<input type="checkbox"/>	ADULT	_____	D.O.B	_____
<input type="checkbox"/>	CHILD	_____	D.O.B	_____
<input type="checkbox"/>	CHILD	_____	D.O.B	_____
<input type="checkbox"/>	CHILD	_____	D.O.B	_____
<input type="checkbox"/>	CHILD	_____	D.O.B	_____
<input type="checkbox"/>	CHILD	_____	D.O.B	_____
<input type="checkbox"/>	OTHER	_____	D.O.B	_____

3 I AM APPLYING FOR

MEMBERSHIP	<input checked="" type="checkbox"/>	Check category for which you are applying
	<input type="checkbox"/>	YOUTH (AGES 3-18)
	<input type="checkbox"/>	ADULT/SENIOR (SENIOR IS 65+)
	<input type="checkbox"/>	ADULT COUPLE
	<input type="checkbox"/>	SOLO PARENT FAMILY
PROGRAMS	<input type="checkbox"/>	FAMILY
	YOUTH PROGRAM: (LIST THE PROGRAM IN ADDITION TO THE CHILDS NAME BELOW). IE. BASKETBALL-JOHN DOE. **Must be a member to apply.	

4 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

Financial assistance applicants must provide the following financial verification:

- Most recent income tax return (Not W-2 forms)
- Last two (2) paycheck stubs.

Exceptions to above as follows:

- Government Assistance – Notice of Decision (with names of eligible person(s) and total income including food stamps)
- Social Security Disability – Letter from Social Security Office or Notice of Decision stating monthly benefits amount. This often needs to be accompanied by Government Assistance Income as applicable.
- Unemployed – Notification of Eligible Benefits from Unemployment Office. Federal tax return will still be needed, as unemployment is a taxable income.
- Full-Time College Student – Letter from Registrar's Office indicating a current full-time student status. A school schedule is NOT adequate documentation.
- Just released from a correctional facility– A letter is required from probation or parole officers stating release date.
- Please see Membership staff if your income falls under different criteria as stated above.

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 assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to 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.

_____ (Initial) I understand that after 12 months I will need to reapply for financial assistance at which time fees are subject to change. If the membership is not renewed this membership will be terminated and the automatic bank withdraw will end.

Signature _____ Date _____

TELL US MORE....Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper. I want/need a YMCA scholarship because:

FOR OFFICE USE

APPROVED YES NO

PROGRAM DISCOUNT _____%

STAFF _____ DATE _____

FOR OFFICE USE

AMOUNT DUE:

_____ MO. _____ ANNUALLY

_____ ACH _____ FULL PAY