



APPLICATION FOR SCHOLARSHIP ASSISTANCE

The Mt. Sterling Community Center YMCA scholarship assistance program is made possible through contributions from the YMCA members, United Way and community donors. Those not able to pay the full fee may be awarded partial financial assistance based on ability to pay and the YMCA's ability to fund the subsidy. The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of the membership fee.

Please provide the information requested on the following pages and attach the necessary documents (photocopies only) listed below and return them to the YMCA Director. A short letter stating the reason for your request for scholarship assistance along with a thank you note must accompany the application.

Along with the completed application, please provide the following:

1. Picture ID – preferably a driver's license
2. Proof of income received by all individuals in the household.
Examples include: Social Security
Social Security Disability
Child Support
Alimony
Housing Subsidy
Two Current Consecutive Pay stubs (if currently employed)
State Assistance
3. A copy of your most current income tax return. If no tax return was filed, you may contact the IRS by calling the following toll-free number: 1-800-829-1040. You should tell them that you need to request a copy of the 17-22 letter. There is no charge by the IRS for this service, and you should receive the letter in approximately 15 days.



WE build STRONG kids, STRONG families, STRONG COMMUNITIES

Date of Application: _____

Name: _____ Soc.Sec.#: _____

Address: _____ Home Phone: _____

Date of Birth: _____ Work Phone: _____

Employer: _____ Length of Employment: _____

<u>Spouse/Child(ren)s Name</u>	<u>Age</u>	<u>Employer/School (& grade)</u>	<u>Date of Birth</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

Applicant's Monthly Gross Income: _____ **OR** Yearly Gross Income: _____

Spouse's Monthly Gross Income: _____ **OR** Yearly Gross Income: _____

Other Household Income: _____

- You must attach last year's IRS Tax Statement and/or your SSI allocation statement to verify your annual earnings.

Application for financial assistance is to be used for:

- Family Membership
- Adult Membership
- Program or Class
- Sport (specify the sport)
- Summer Day Camp

Are you a single parent household? ____Yes ____No

Please list any extenuating circumstances that are severely limiting your income at this time.

List two references that may be called to verify the information provided.

NAME	PHONE NUMBER	RELATIONSHIP TO APPLICANT
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1.		
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2.		
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All information provided is correct to the best of my knowledge and may be verified by the Mt. Sterling Community Center YMCA. I understand that providing false information will make me ineligible for participation in all YMCA programs and facilities. I understand that the decision to grant a reduction of fees is at the sole discretion of the YMCA and it's officials. I understand that if I fail to abide by the payment schedule agreed upon, membership privileges may be revoked and I may be ineligible for future fee reductions. I also understand that I must apply yearly by the renewal date for further assistance.

Applicant's Signature	Date
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Please allow a minimum of two weeks before this application can be processed and approved or denied by the YMCA. You will be contacted in writing from the YMCA as to the status of this application. If you have any questions, please feel free to call the YMCA Director at 773-2230.

FOR YMCA OFFICE USE ONLY	
Application reviewed on: _____	
<input type="checkbox"/> Approved for Amount of \$ _____	Notification Date: _____
<input type="checkbox"/> Denied for Reason _____	Notification Date: _____