



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WE'RE HERE TO HELP YOU

## Scholarship Application Form

YMCA OF ABILENE

### APPLICANT INFORMATION

Name	DOB
Address	
City	Zip
Phone	Cell
E-mail	
If applicant is under 18, Parent or Guardian's name (s):	
Phone	E-mail

### PERSONS LIVING IN THE HOUSEHOLD (dependent children under age of 23 )

Please mark each family member applying for assistance, including yourself.

Name	DOB	AGE	GENDER
<input type="checkbox"/> Parent/Adult			
<input type="checkbox"/> Parent/ Adult			
<input type="checkbox"/> Child			
<input type="checkbox"/> Child			
<input type="checkbox"/> Child			
<input type="checkbox"/> Child			
<input type="checkbox"/> other			
<input type="checkbox"/> other			

### TYPE OF ASSISTANCE REQUESTED:

<u>Membership</u>	<u>Programs</u>
<input type="checkbox"/> Adult: Age 26-59	<input type="checkbox"/> Youth Sports
<input type="checkbox"/> Family: 2 Adults + dependent children through age 23 in household	<input type="checkbox"/> Aquatics
<input type="checkbox"/> Single Parent Family: 1 Adult + dependent children through age 23	<input type="checkbox"/> Child Care
<input type="checkbox"/> Young Adult: Ages 18-26	<input type="checkbox"/> Pre-School
<input type="checkbox"/> Teen/Young Adult: Ages 13 -17	<input type="checkbox"/> Day Camps
<input type="checkbox"/> Senior: Age 60 and over	

### YMCA MISSION:

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

### OUR PROMISE

No one will be turned away from the YMCA due to the inability to pay.

THE YMCA FINANCIAL ASSISTANCE AWARD GUIDE

- ❑ **Not eligible for:** Personal training and private swim lessons/swim lessons,
- ❑ A joining fee of \$10 and pro-rated amount for the monthly membership fee is due on the day of the membership activation.
  - ❑ Re-apply every year for memberships and childcare;. If not the rate will automatically go up; for membership, to full rate.
- ❑ Maintain on-going current account status for membership and childcare
- ❑ After two drafts returns your scholarships will no longer be active. You can re=apply after one year from scholarship termination date
- ❑ Your fees are subject to change when you re-apply
- ❑ Please allow 7-10 business days for the application to be
- ❑ If you have any questions, call (325)695-3400 and ask for Beverly Wade or email:bwade@abileneymca.org

Please provide the following information

- ✓ Last two payroll check stubs
- ✓ Proof of child support
- ✓ Proof of Alimony
- ✓ Proof of Unemployment
- ✓ Proof of Food Stamps
- ✓ Proof of AFCD
- ✓ Proof of Worker’s Compensation
- ✓ Current Tax Return for both working adults
- ✓ If you do not file a Tax Return, call the IRS at (800) 829-1040 or go to [www.irs.gov](http://www.irs.gov) to download Form 4506-T and request verification of non-filing letter to submit in lieu of the Tax Return. You will need to provide additional proof of other income (child support, food stamps)

TELL US MORE

Use this space to include any additional information or extenuating circumstances that were not included on the form.

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By my signature, I am requesting assistance from the YMCA due to my personal circumstances, and I certify that all the information provided is correct. I understand and have read the above terms and conditions. I understand that It is my responsibility to renew my scholarship and if my payment declines twice my scholarship will deactivate for one year.

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Signature

Date

FRONT DESK USE ONLY

DATE APPLICATION RECEIVED: \_\_\_\_\_ STAFF NAME \_\_\_\_\_

OTHER OBSERVATIONS/NOTES: \_\_\_\_\_

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# FOR ADMIN OFFICE USE:

Item	Total per month	Total per year
Gross income (Adjusted 1040 )		
Child Support		
Social Security Benefits		
Unemployment		
Government assistance		
Any other income		
Total annual income:		\$ _____

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Amount assisted: \_\_\_\_\_%

Notes:

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

- Applicant contacted      Circle one      YES      NO
- Verified by      \_\_\_\_\_
- Approved by      \_\_\_\_\_