



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF CENTRAL FLORIDA SCHOLARSHIP APPLICATION

BUILDING A BETTER COMMUNITY TOGETHER.

THE MISSION OF THE Y

The purpose of the YMCA of Central Florida is to improve the lives of all in Central Florida by connecting individuals families and communities with opportunities based on Christian values that strengthen spirit, mind and body.

EVERYONE IS WELCOME

At the Y, strengthening community is our cause. Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive. The YMCA welcomes all who wish to participate and believes that no one should be denied access based on their ability to pay. Through our **Annual Support Campaign**, the Y provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining your level of support is handled by the Y in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive membership or program support. YMCA members and program participants can feel confident knowing that they are part of an organization that cares greatly for the wellbeing of all people, and is committed to youth development, healthy living and social responsibility.

In an effort to be the best stewards of the generous donations provided by our community, the Y requests support documentation to review and verify financial need.

PLEASE NOTE

- Support from our Annual Campaign reduces membership and program fees up to a maximum of 30%; it does not eliminate them.
- Assistance is granted on the basis of financial need. We consider household income and number of legal dependents as the primary criteria.
- All scholarships are granted for 12 months.
- After 12 months, the member must submit an updated renewal application to be reviewed by their Family Center. The member will receive a notification in the mail at least 30 days before their scholarship is up for review.
- If the member does not submit the required paperwork, the membership will expire. If the membership is not renewed within 30 days of expiration, the member will be subject to a Join Fee.
- The Y reserves the right to request additional information when necessary.



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1 APPLICANT INFORMATION

Name		DOB	
Email	Home Phone	Cell Phone	
Mailing Address	City	State	Zip
Employer			

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Parent/Guardian/Adult		DOB	
Parent/Guardian/Adult		DOB	
1st Child	DOB	4th Child	DOB
2nd Child	DOB	5th Child	DOB
3rd Child	DOB	6th Child	DOB
Other Dependent	DOB	Other Dependent	DOB

3 I AM APPLYING FOR (Check the category for which you are applying.)

- | | | | |
|--|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Family | <input type="checkbox"/> Young Adult | <input type="checkbox"/> Adult + Dependents | <input type="checkbox"/> Senior |
| <input type="checkbox"/> Family + Adults | <input type="checkbox"/> Adult | <input type="checkbox"/> Two Adults | <input type="checkbox"/> Two Seniors |

4 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS

I FILED FEDERAL TAXES FOR LAST YEAR

- 1040 Federal Tax Form(s) for all incomes in household
- Two most recent pay stubs
- Photo identification verification required at the time of application

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR

- Social Security/Disability Benefit Statement or two most recent pay stubs
- Photo identification verification required at the time of application

MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

- Include current federal tax forms (W-2)
- Include explanation for reason of income change

\$ _____ x 12 =

MONTHLY INCOME (Include child support & government assistance)

\$ _____

TOTAL ANNUAL HOUSEHOLD INCOME

5 SOURCE(S) OF MONTHLY HOUSEHOLD INCOME

Monthly Income: \$ _____	Other Income: \$ _____	Total: \$ _____
Name of Employer (Applicant) _____	Name of Employer (2nd Adult) _____	

6 WHY ARE YOU REQUESTING ASSISTANCE TO BECOME A YMCA MEMBER?

I hereby certify that the information in this application is true, accurate, and complete to the best of my knowledge. I am aware that it is my responsibility to notify the YMCA in writing of any change in the information supplied on this application, so that my membership subsidy can be re-evaluated, thus providing more opportunities for others in need.

Scholarship applications are confidential; YMCA will not collect or retain any materials provided for verification. Scholarships are renewed on an annual basis. If you require financial assistance after one year and wish to remain on scholarship, a renewal application must be submitted in person to avoid an increase in your membership rate. Membership rates are subject to change with 30 days written notice.

The YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

7 Signature of person completing this form _____ Date _____

Bring all applicable financial documents to your YMCA Family Center for verification. Staff will not collect financial documentation.

MEMBERSHIP STAFF ONLY	Date Submitted _____	Applicant ID# _____
Membership pre-approved for a monthly rate of \$ _____	with an Annual Campaign support discount of _____ %	
New or Existing Member (circle one)	Exp. Date _____	Past Balance _____
This pre-approval is valid for 30 days and subject to verification.	Staff reviewed _____	