

CADILLAC AREA YMCA

**MEMBERSHIP/PROGRAM FINANCIAL ASSISTANCE
CADILLAC AREA YMCA
SCHOLARSHIP APPLICATION**

(To be completed by parent or guardian if applicant is under 18)

While the YMCA is a non-profit agency, we depend on participant fees to help maintain our services. We are committed to serve people regardless of their income level, but expect participants to pay a fee based on their financial ability. Contingent upon financial resources of the Association and verification of application information YMCA scholarship will be awarded to applicants.

Application Steps

1. Fill out this application form.
2. Obtain your most recent IRS 1040 form and letter verifying your earnings from employer/agency.
3. Return application, IRS 1040 and employer letter to Cadillac Area YMCA.
4. Application must be reviewed by appropriate personnel. All application records will be kept confidential.

Documentation must be presented in support of what is reported.

Please Print Clearly.

Last Name **First** **Date**

Address

City, State, Zip Code **Home Phone #**

No of adults in household _____ No of Children in household _____ Race _____

Income:

- | | | |
|---|--------|----------------|
| 1. Are you receiving ADC? | Yes No | \$ _____/month |
| 2. Are you receiving food stamps? | Yes No | \$ _____/month |
| 3. Are you receiving social security benefits? | Yes No | \$ _____/month |
| 4. Are you receiving veteran's benefits? | Yes No | \$ _____/month |
| 5. Are you receiving child support? | Yes No | \$ _____/month |
| 6. Are you receiving spousal support? | Yes No | \$ _____/month |
| 7. Are you employed? | Yes No | \$ _____/month |
| 8. Is your spouse employed? | Yes No | \$ _____/month |
| 9. Are any of your children employed? | Yes No | \$ _____/month |
| 10. Are you or your spouse receiving unemployment benefits? | Yes No | \$ _____/month |

VERIFICATION OF ALL INCOME MUST ACCOMPANY THIS APPLICATION

Type of membership requested: (Circle one) Adult Youth Family Single-Parent Family

____New ____Renewal Amount Requested _____ Amount you are able to pay _____

Why do you need this scholarship? _____

How did you hear about the YMCA scholarship program? _____

In accordance with YMCA policy, NO application will be considered without accompanying verification of income. We require IRS Form 1040 and current Employer Status Report or Public Aid Disclosure. **We expect participants to pay a fee based on financial ability.**

Please read the following:

I, hereby, certify that the information supplied herein, is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the Cadillac Area YMCA, in writing, of any change in information supplied in this application, such as income, address, living arrangements, or other matters which might affect my eligibility for financial assistance. I understand that failure to comply with YMCA policies can result in immediate revocation of scholarship privileges.

Signature of Parent/Legal Guardian if application is a minor

Date

Program _____ Total Cost of Program _____ Amount of Scholarship _____

Executive Director _____ Date _____

Amount to be paid by participant _____ Amount Paid _____