



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Partner of Youth Membership 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 Altru Family YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA 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 Partner of Youth Scholarship Program, the Altru Family YMCA provides assistance to youth, adults and families based on individual needs and circumstances.



COMMITTED TO OUR COMMUNITY

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

- *Partner of Youth Scholarship reduces the membership fees; it does not eliminate them.*
- *Fees must be paid through a bank draft or paid in full for 3 or 6 months.*
- *Families must reapply when the membership expires.*
- *All scholarship applications are kept confidential.*



1. APPLICANT INFORMATION

Name:	
Address:	
City:	
State:	Zip Code:
Home Phone ()	
Cell Phone ()	
Email:	
Employer:	
Employer Phone: ()	

2. All Persons Living in this Household

Applicant:	DOB	___/___/___
Name:	DOB	___/___/___

*Family memberships include spouse and children under the age of 18 unless they are attending college (through age 23)

3. I AM APPLYING FOR:

Check category for which you are applying for:



MEMBERSHIP

<input type="checkbox"/>	Youth
<input type="checkbox"/>	Adult
<input type="checkbox"/>	One Adult + CHILD(ren)
<input type="checkbox"/>	Two Adults + CHILD(ren)
<input type="checkbox"/>	Couple

Have you applied for membership assistance before? ___ Yes ___ No

Agency or person that referred you?

How would this assistance help you and your family?

*****Office Use Only*****

Approved ___ Yes ___ No
___ Incomplete

Type of Membership _____

Reg Rate \$ _____ Sch. Amt. \$ _____

Bank Draft Rate \$ _____

3 Month Rate \$ _____

6 Month Rate \$ _____

4. To qualify for scholarships you must provide the following documents: Last year's federal tax forms and/or your latest 2 pay stubs.

Income Verification* Required

Family Employment Annual Income
\$ _____

Other Sources of Support

Alimony	\$ _____ per month
Child Support	\$ _____ per month
Social Security	\$ _____ per month
AFDC	\$ _____ per month
Other	\$ _____ per month

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 scholarship assistance is based on need and that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future

Signature of person completing this form: _____ Date ___/___/___

Scholarship Assistance Policy

Within the limits of available funding, the YMCA does not refuse membership or program services to any persons due to their proven inability to pay the cost of participation. Scholarship assistance is available through funding provided by the YMCA Partner of Youth Program and the United Way.

