



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

## Partners With Youth Scholarship Application-Grant County

### 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 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 Partners With Youth Scholarship Program, the 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 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 well-being of all people, and is committed to youth development, healthy living and social responsibility.



#### Membership Types

- \*Family- A married couple living together (one is the householder/person in whose name the housing unit is owned or rented) and all IRS allowable tax dependents related by birth or adoption including college students up to the age of 24.
- \*Single-Parent Family (SPF) - A single parent and all IRS allowable tax allowable tax dependents related by birth or adoption, including college students up to the age of 24.
- \*Senior Citizens- Any individuals 65 years and older.
- \*College- Students up to the age of 24 with 12 or more credit hours.
- \*Youth- Any student under the age of 18 years or still in high school.
- \*Adult- Individual 18 years and up.

[www.gcyymca.org](http://www.gcyymca.org)

# PARTNERS WITH YOUTH SCHOLARSHIP APPLICATION

**1. APPLICANT INFORMATION**

NAME \_\_\_\_\_ DOB \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

SPOUSE \_\_\_\_\_ DOB \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ SPOUSE CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

*If an applicant is under 18: Parent's or legal guardian's name and signature.*

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**2. ALL PERSONS LIVING IN THIS HOUSEHOLD**

ADULT \_\_\_\_\_ DOB \_\_\_\_\_

ADULT \_\_\_\_\_ DOB \_\_\_\_\_

CHILD \_\_\_\_\_ DOB \_\_\_\_\_

CHILD \_\_\_\_\_ DOB \_\_\_\_\_

CHILD \_\_\_\_\_ DOB \_\_\_\_\_

CHILD \_\_\_\_\_ DOB \_\_\_\_\_

CHILD \_\_\_\_\_ DOB \_\_\_\_\_

CHILD \_\_\_\_\_ DOB \_\_\_\_\_

CHILD \_\_\_\_\_ DOB \_\_\_\_\_

CHILD \_\_\_\_\_ DOB \_\_\_\_\_

**3. I AM APPLYING FOR**

Check category for which your are applying

<input type="checkbox"/>	FAMILY MEMBERSHIP
<input type="checkbox"/>	SINGLE PARENT FAMILY MEMBERSHIP
<input type="checkbox"/>	ADULT MEMBERSHIP
<input type="checkbox"/>	SENIOR MEMBERSHIP
<input type="checkbox"/>	COLLEGE MEMBERSHIP
<input type="checkbox"/>	YOUTH MEMBERSHIP
<input type="checkbox"/>	CHILD CARE / DAY CAMP
<input type="checkbox"/>	PROGRAM

**4. TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:**

**TOTAL GROSS MONTHLY HOUSEHOLD INCOME**

1040 FEDERAL TAX FORM(S) FOR ALL INCOMES IN THE HOUSEHOLD.

DOCUMENTS SHOWING MOST RECENT 30 DAYS OF INCOME.

PHOTO IDENTIFICATION

PAYCHECK \$ \_\_\_\_\_ ADC/AFDC \$ \_\_\_\_\_

CHILD SUPPORT \$ \_\_\_\_\_ SOCIAL SECURITY \$ \_\_\_\_\_

FOOD STAMPS \$ \_\_\_\_\_ UNEMPLOYMENT \$ \_\_\_\_\_

OTHER INCOME \$ \_\_\_\_\_

*A WAGE INQUIRY AND VOUCHER HISTORY IS REQUIRED FOR UNEMPLOYED.*

TOTAL ANNUAL INCOMES \$ \_\_\_\_\_

**5. THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!**

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

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**TELL US MORE...**Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach and additional sheet of paper.

I want/need a YMCA People Helping People Scholarship because:

<b>FOR OFFICE USE</b>	<b>APPROVED</b>	<b>YES</b>	<b>NO</b>
YMCA _____% YOU _____%	JOIN TODAY FOR \$ _____		
STAFF NAME _____	JOIN DATE _____		

STAFF NAME ACCEPTING DOCU-