

People Helping People Scholarship Application Walton County YMCA

The Essence of the Y

With a commitment of putting Christian principles in to practice through programs that build a healthy spirit, mind, and body for all, 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 no one should be denied access to the Y based on their ability to pay. Through our Scholarship Program, the Y provides assistance to youth, adults, and families based on individual needs and circumstances. Our scholarship program is a helping hand for those who need a hand.

Committed to Our Community

Determining assistance needed is handled in a fair and consistent manner. Every Y member receives the same membership benefits regardless of whether or not they receive assistance. Y members can feel confident knowing they are a part of an organization that cares greatly for the well-being of all people. The Y is committed to youth development, healthy living and social responsibility.



Dear Applicant,

Thank you for applying for our scholarship program at the Walton County YMCA. Below we have complied general information to better your experience. If you have any questions beyond the information listed below, please feel free to contact Kate (katec@qapiedmontymca.org or 770-267-9622).

- Our scholarship program reduces membership and program fees; it does not eliminate them.
- Outstanding balances on applicant's YMCA account will need to be paid before scholarship application can be processed.
- It may take 2-4 weeks for a completed scholarship application to be processed.
 - o Uncompleted applications are subject to longer approval time
 - Check email (if provided) for information on scholarship application
- If approved, applicants will have approximately thirty (30) days to activate their membership.
 - Once activated, the Scholarship will be valid for twelve (12) months.
- Applicants will need to reapply annually with updated information.
 - o If applicant does not reapply at time requested, the membership will expire.
- All fees paid are non-refundable.
- Scholarships cannot be awarded retroactively to past YMCA payments.

	Date Accepted:
Primary Applicant Information	
Name:	PLEASE CIRCLE ONE:
Email:	New or Renewal
Phone:	TYPE OF MEMBERSHIP APPLYING FOR: **Check only one **
Address:	☐ Youth/Teen (3 months – 18 years old)
	☐ One Adult (19– 64 years old)
	☐ Household A (1 Adult + Dependents)
	☐ Household B (2 Adults)
List all household members (including self)	☐ Household C (2 Adults + Dependents)
1. Name:	☐ AOA (One Adult 65 or better)
Relationship to Primary :SELF DOB:	
To be considered for the membership: $\underline{Y} / \underline{N}$	☐ AOA Couple (2 Adults w/one 65 or better, No dependents)
2. Name:	
Relationship to Primary : DOB:	EXTRA ACTIVITIES APPLYING FOR:
To be considered for the membership: Y / N	
3 Name:	☐ Pryme Tyme (After School Program)
3. Name: Relationship to Primary : DOB:	□ Summer Day Camp
To be considered for the membership: Y / N	☐ Group Swim Lessons
10 00 00:151ac.10a 10:1 tile member 5:11p.	\square Swim Team
4. Name:	\square Adaptive Swim Lessons
Relationship to Primary : DOB:	☐ Sports Camps
To be considered for the membership: $\underline{Y} / \underline{N}$	
5. Name:	
Relationship to Primary: DOB:	Use this space to include any additional information
To be considered for the membership: $\underline{Y / N}$	or extenuating circumstances not included on this application. If you need more space, please attach
6 Name	application. If you need more space, please attach an additional sheet of paper.
6. Name: DOB:	an additional Sheet of paper.
To be considered for the membership: Y / N	
7. Name:	
7. Name: DOB:	
To be considered for the membership: $\underline{Y} / \underline{N}$	
8. Name: DOB:	
To be considered for the membership: $\underline{Y} / \underline{N}$	/

Required Documentation

Submit copies of supporting documents from List A AND B for scholarship to be considered complete.

List A	List B
• Last year's tax return – form 1040	 Last two pay stubs A letter from employer verifying current salary Schedule C from tax return if self employed Social security or disability check/award letters Unemployment income verification letter Wage statement from the Department of Labor if unemployed

Please email <u>katec@gapiedmontymca.org</u> for questions or concerns.

This application must be renewed every year with updated documents.

I certify the above information is true and complete to the best of my knowledge and I do not have any additional income not represented on this form. I agree, if necessary to send additional information and documentation to support the statements on this form. I understand that sponsorship assistance is based on need. In the event that I or my dependents cancel our membership, I will contact the Walton County YMCA immediately so assistance can be provided to others. I understand that this scholarship must be renewed yearly by submitting current updated forms of documentation and a new application. I understand any outstanding balances must be paid in full before I can qualify for a scholarship. I understand there are no refunds for participant fees, joiner's fee or membership fees.

Primary's Signature:	Date:	
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Here at the Y, we are focused on putting Christian principles into practice through programs that buildhealthy spirit, mind and body for all. Since we are a non-profit organization, we must raise funds annually to aid our scholarship program. It is funded by donations made through the Annual Campaign. We are grateful for the generous donations from our members and community, to make this program available.

The Y is focused on helping and meeting the needs of our community. To be able to help others we rely on our volunteers, and welcome anyone who would like to be a volunteer. If you are interested in becoming a volunteer please fill out the Volunteer Application.

Receiving YMCA Staff Section		
\square Note date received on top of application	Staff name:	
□ Confirm all supporting documents from list A and B		
☐ Advertise 2-4 weeks to receive award letter if qualify		
☐ Confirm people to be considered for membership on form		