YMCA of Greater Cincinnati

Scholarship Application

Last Name _____ MI ___ First Name _____

Home Address _____ Apt # _____

City _____ State _____ Zip _____ Home Phone _____

Membership Type:
___ Adult
___ Senior Adult
___ Senior Family
___ Family/Household
___ One Parent Family

Programs:
___ Lessons
___ Camp
___ Swim Team
___ Child Care
___ Sports

Are you currently receiving financial assistance from the YMCA? ___ No ___ Yes

Terms and Application Information:

- Applicant must live in the YMCA service area.
- All new applications must include a letter stating why scholarship funds are being requested. Renewal applicants will be asked to submit a renewal application and income verification as well as a letter of experience explaining how the YMCA's services have impacted your life.
- All eligible applicants will be asked to pay a portion of the dues.
- Applicants must include a copy of recent Federal Tax return and income verification for all employed individuals in the household. All information is confidential.
- Families applying for assistance for Child Care must first seek assistance through the Department of Human Services and/or United Way; proof of denial is required before applicant is determined eligible.
- All scholarship applications must be completed thoroughly and accurately to be processed.
- The YMCA requires that individuals provide the requested information regarding income, family size and necessary expenses so that we can provide financial assistance in a fair and consistent manner. All YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance.

Income:		Expenses	
$ _____	Gross Monthly Income - 1st Adult	$ _____	Rent/Mortgage
$ _____	Gross Monthly Income - 2nd Adult	$ _____	Auto Loan
$ _____	Child Support	$ _____	Utilities
$ _____	Aid to Dependent Children	$ _____	Phone
$ _____	Public Assistance (food stamps, etc)	$ _____	Child Support
$ _____	Unemployment	$ _____	Medical
$ _____	Social Security	$ _____	Child Care
$ _____	Retirement/Pension	$ _____	Other
$ _____	Alimony		
$ _____	Other		
$ _____	**Total Monthly Income**	$ _____	**Total Monthly Expenses**

Documentation Checklist:

___ **Federal tax return** (Form 1040). If you do not have a copy, please call 800-829-1040 for a duplicate.
___ Supporting documentation
___ Personal Letter

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.

_____

Signature of person completing this application Date