

# WELCOME TO ALL

## 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 Williams County 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 **People Helping People Scholarship Program**, the Williams County 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.



\*A People Helping People Scholarship reduces membership fees; it does not eliminate them.

\*All People Helping People Scholarships will be granted for 12 months.

\*The YMCA requests that individuals and families reapply annually, with updated documentation.

\*Membership fees are subject to change when you reapply.

\*If you do not reapply at the time requested, your membership will expire.

\*Please contact us at (419) 636-6185 if you have any questions.



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Dear Applicant,

Thank you for your interest in the People Helping People Scholarship Program. Our financial assistance scholarships are made possible through generous community donations to our Annual Campaign and through assistance from the United Way of Williams County. All financial assistance is granted on a sliding scale based on income and need.

The checklist below will help us process your scholarship request. Please return it with your completed application and documentation. Applications cannot be processed with incomplete information. Missing documentation may result in a reduction or denial of financial assistance.

**The following items are necessary to process your request.  
Please initial each item or write n/a if not applicable.**

- Completed Scholarship Application
- Copy of past 4 weeks paystubs for income verification (each wage earner in household)
- Copy of prior year tax returns
- Documentation for ALL other income coming into the household (Child support, Social Security, Disability, Unemployment, letter of hardship, etc.)
- Documentation / information has been provided for each adult in the household.
- Names are clearly shown on all documentation.
- I understand and acknowledge that a scholarship reduces membership fees; it does not eliminate them.

Thank you for taking the time to fully and accurately complete your request for a scholarship. In certain situations, additional documentation may be requested. You will be notified by phone as to the status of your application.



# People Helping People Scholarship Application

**\*BOXES 1—5 MUST BE FILLED IN COMPLETELY FOR SCHOLARSHIP APPLICATION TO BE CONSIDERED. SUPPORTING DOCUMENTS MUST ACCOMPANY APPLICATION WHEN SUBMITTED.**

## 1 APPLICANT INFORMATION:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (     ) \_\_\_\_\_

Email \_\_\_\_\_

(If applicant is under 18) Parent's or legal guardian name: \_\_\_\_\_

## 2 PLEASE CIRCLE THE MEMBERSHIP TYPE FOR WHICH YOU ARE APPLYING:

Individual                      Family

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Student /Youth              Single Parent Family

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Senior                              Senior Couple

## 3 PLEASE LIST EACH PERSON LIVING IN YOUR HOUSEHOLD, INCLUDING YOURSELF:

Adult #1 (Person filling out this form)	DOB
Adult #2	DOB
Child	DOB
Child	DOB
Child	DOB
Child	DOB
Child	DOB
Others Dependents / Birthdates:	

## 4 PLEASE REPORT INCOME FOR EACH PERSON IN YOUR HOUSEHOLD. TO QUALIFY FOR SCHOLARSHIP, THE FOLLOWING INFORMATION AND REQUIRED DOCUMENTATION MUST BE PROVIDED.

	Adult 1	Adult 2	Total
Gross Income (All wages & tips)			
Child Support			
Social Security Benefits			
Unemployment			
Government Assistance			
Any other income			

Total monthly income: \$ \_\_\_\_\_

### APPLICATIONS MUST BE RENEWED EVERY 12 MONTHS!

I certify that the above information is true and accurate 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. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so scholarship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

## 5 SIGNATURE OF PERSON COMPLETING THIS FORM:

DATE:

\_\_\_\_\_

\_\_\_\_\_

## Help us understand your need

Have there been recent changes in household income?

Yes No

If yes, please explain:

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Are there individuals within the household who have special needs?

Yes No

If yes, please explain:

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Have you reported "0" in the income section (#4) of this document?

Yes No

If yes, please explain and include information about who is currently providing food, clothing and shelter:

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### FOR OFFICE USE

RECIPIENT: \_\_\_\_\_

APPROVED: YES NO

MEMBERSHIP TYPE: \_\_\_\_\_

JOIN TODAY FOR \$ \_\_\_\_\_/year **OR**  
\$ \_\_\_\_\_/month (\*Must set up automatic draft from account for monthly payments.)

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTES FOR STAFF:

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MEMBERSHIP START DATE: \_\_\_\_\_ MEMBERSHIP CREATED/STARTED BY: \_\_\_\_\_

AWARD LETTER IS VALID FOR 30 DAYS. FULL PAY OPTION AVAILABLE.

STAFF: Set termination date for one year from start date on perpetual membership so that we may notify when new application is needed. File with scholarship paperwork after membership created/first month paid.