

SCHOLARSHIP REQUEST FORM

ASHLAND FAMILY YMCA

540 YMCA WAY * ASHLAND, OR 97520 * 541-482-9622

scholarship@ashlandymca.org

The Ashland Family YMCA Financial Assistance program was created in order to insure that YMCA services are accessible to low-income youth and families in our community. Funds are available thanks to the volunteers who collect donations during our **Annual Scholarship Campaign for Kids** and from other gifts. Our ability to grant financial assistance is therefore dependent upon the availability of those funds. The majority of funds are ear-marked to assist youth. No tax money is received by the YMCA.

The criteria for assessing financial assistance eligibility is based on individual and family needs and funds available. In order to insure that financial assistance funds benefit the maximum number of people, the YMCA may limit the amount of financial assistance received by any individual or family within a certain period of time.

The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient contributes to the cost of their YMCA involvement. Therefore, applicants are asked to pay a portion of the membership/program fees.

INSTRUCTIONS TO APPLICANTS

(Please read before completing)

1. **Keep this top page for your records.**
2. **Fill out application completely by answering all the questions and attaching required documents.** Failure to do so may cause a delay or possible denial of your application.
3. **Proof of income must be attached.** *Applications without this information cannot be processed.* Proof of any income or type of assistance listed must be attached, i.e. pay stubs, food stamps, HUD assistance, child support, etc. **A current detailed 30 day bank statement for both checking and savings accounts is required.**
***All information collected is kept confidential.*
4. **Return the completed application to the front desk.** You will receive a courtesy email about your financial assistance once your application has been processed. Participation in a requested program must be confirmed by you, registration is *not* automatic. It is the member's responsibility to tell the YMCA membership services staff that you have a scholarship when registering for programs or membership.
5. **All applications expire one year from date of approval.** Recipients who wish to be considered for financial assistance again must reapply. If you do not reapply, your membership will continue and you will be charged the current year membership and program fees.

ASHLAND FAMILY YMCA APPLICATION FOR FINANCIAL AID

Each year volunteers raise funds locally to provide financial assistance to low-income youth to participate in YMCA programs and membership. Scholarships are primarily intended for youth.

APPLICANT'S NAME: _____

ADDRESS: _____ PHONE: _____

APPLICANT'S EMAIL: _____

PROGRAMS APPLYING FOR: (Please indicate # of participants)

1. _____ (#) _____

Please indicate the amount you could pay for above program: \$ _____

2. _____ (#) _____

Please indicate the amount you could pay for above program: \$ _____

3. _____ (#) _____

Please indicate the amount you could pay for above program: \$ _____

Receipt of a scholarship does not guarantee registration in a program

Have you ever received financial assistance from the YMCA? Y/N When? _____

**** If yes, a completed impact statement is required.**

Are you currently a member? Y/N

TOTAL HOUSEHOLD MEMBERS:

Name	Relationship	Date of Birth
1. _____	Applicant	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Please explain why you would like to be considered for financial aid at the YMCA.

OFFICE USE: Date received: _____ Staff initials: _____ Applicant in Daxko: Y/N Current Bank Statement(s) Attached: Y/ N Scholarship Expiration Date: _____
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Please list all applicable income: **Proof of all income must be provided.**

1st Adult name: _____
Name of Employer: _____
(Include paystubs for 1 month) Monthly Job Gross Income \$ _____

2nd Adult name: _____
Name of Employer: _____
(Include paystubs for 1 month) Monthly Job Gross Income \$ _____

Student loans (award letter) \$ _____

Unemployment \$ _____

Food stamps \$ _____

Disability \$ _____

Child support \$ _____

Social Security \$ _____

Housing assistance \$ _____

Other \$ _____

TOTAL INCOME: \$ _____

Bank account(s) balance; \$ _____

Current 30 day detailed bank statement(s) required

Do you have insurance with:
AllCare: Y/N
Jackson Care Connect: Y/N

Or, does your insurance participate in the Silver & Fit Program?

Yes No

Are you a student? Y/N

Do you own your home? _____ If yes, your monthly mortgage is \$ _____

Do you rent your home? _____ If yes, your monthly payment is \$ _____

PLEASE LIST FAMILY AUTOMOBILES:

1. Make _____ Model _____ Year _____

2. Make _____ Model _____ Year _____

Do you expect your financial situation to change in the near future?

Why? _____

I declare the information I have provided is correct and I agree to provide additional documentation to verify financial need if requested. I authorize the YMCA to verify and obtain any information necessary regarding my financial status. I understand that if any information is false, assistance will be denied.

I understand that any scholarship issued is good only for one year from date of approval and I must reapply to continue receiving a reduced fee. I understand my membership will continue with the automatic bankdraft being charged the full membership fee if I don't reapply.

Applicant's signature _____ Date _____

Dear scholarship applicant,

Each year volunteers raise funds from caring local businesses and community members so the YMCA may provide scholarships to those in need, primarily children. This amount is supplemented with grants and United Way funds.

To help in this endeavor, we require repeat financial assistance applicants to submit a letter or statement of impact. Please share with us the positive impact you've received from participating in YMCA programs or membership.

Thank you for your cooperation.

Applicant name: _____ Date: _____

I would be willing to give a testimonial in person Yes _____ No _____

Impact Statement:

**** Required Attachment for Repeat Applicants ****