



FINANCIAL ASSISTANCE SCHOLARSHIP APPLICATION

IMPORTANT! PLEASE NOTE:

1. **Submission of a complete Application does NOT guarantee acceptance** into the Financial Assistance Scholarship Program. All completed applications are reviewed case-by-case by the Scholarship Committee of the Portage Township YMCA.
2. **Need is based on household income**, regardless of how many in the household will be on the membership. All adults over the age of 18 must provide verification of income.
3. **The maximum subsidy remains at 50%**. A sliding scale provides equal opportunities for all who seek financial assistance. Awards are based on 10% increments, beginning at 10% subsidy.
4. The YMCA works very diligently to raise funds for this important community program. We are committed to adhering to the **core values of honesty and responsibility** in dispersing these funds. The YMCA asks that all applicants respect these core values in their reporting of income. Falsified or dishonest claims will be subject to expulsion from the Scholarship Program.

WHERE DO THE SCHOLARSHIP FUNDS COME FROM?

Generous Portage citizens, Y members, business owners and community leaders donate money to the YMCA's Annual Support Campaign every year. This enables everyone equal opportunities to get healthy, meet new people, and build new skills. The YMCA is solely supported by these donations and by the fees paid by our Members and Participants. The YMCA does not receive government funds.

THANK A DONOR!

Scholarship Recipients often share with us how appreciative they are of the assistance they receive. We encourage all Recipients to write a letter to the Y to show appreciation and to let us know how this program has impacted you and your family. Testimonies and stories encourage donors to continue giving so families into the future may enjoy the same benefits as you've enjoyed.

DIRECTIONS:

1. Complete the attached Application by marking ALL 8 ITEMS. An Application with missing information is considered incomplete and will not be processed.

2. Attach ALL PROOF OF INCOME DOCUMENTS FOR ALL ADULTS IN HOUSEHOLD listed below. An Application with missing documents is considered incomplete and will not be processed. Please submit photocopies of the required Proof of Income Documents. We are happy to make photocopies free of charge for you, if necessary.

IRS Tax Statement (Form 10-40)

1. NOTE: If you have custody of a child and they are not listed as dependents on your Tax Statement Form 10-40, YOU MUST PROVIDE PROOF OF CUSTODY.
2. If you do not file federal income taxes, please call 1-800-TAX-FORM (1-800-829-1040) for a verification of non-filing or go to <https://www.irs.gov/uac/taxpayer-identity-verification-information>
3. Two most recent paycheck stubs or letter from your
4. ONLY the page that lists all dependents and Adjusted Gross Income. Do not give us the entire tax document. Before turning in a photocopy, **BLACK OUT ALL SOCIAL SECURITY NUMBERS!!!**

AND all other forms of income, subsidy or assistance, including but not exclusive of the following:

- **Pay Stubs:** Last 30 days of pay stubs for EVERY WORKING ADULT WHO RESIDES IN THE HOME.
- **SSI (Social Security):** Allocation statements that verify annual earnings
- **Unemployment:** Documentation stating allocation
- **Food Stamps:** Documentation stating allocation
- **TANF:** Document stating allocation
- **Child Support:** Letter, copies of checks or other verification of support given to you in the past 3 months
- **Student Loans:** Verification that shows funds being given to you for the semester, school year, or loan term.
- **Subsidy:** If your rent, utilities, car payments, etc. are subsidized or paid by others, this must be indicated on the application and documentation must be provided.

3. Wait for a phone call regarding the review of your Application. All Applications are reviewed in the second and fourth weeks of the month. You will receive a phone call to let you know if you qualify and next steps to begin membership or services. If any Proof of Income Documents are submitted after the Committee's review, your application will be reviewed at the next meeting.



FINANCIAL ASSISTANCE SCHOLARSHIP APPLICATION

OFFICE ONLY:
Staff Initial: _____
Date: _____

**** FOR THE PORTAGE TOWNSHIP YMCA ONLY ****

1 Date of Returned Application: _____

2 Type of Temporary Financial Assistance I am applying for:

- Adventure Camp
- Preschool
- Y-Care Before/After School Child Care
- Sports
- No Bummer Summer Camp
- Membership Only

3 YES NO I have applied for Scholarship assistance in the past at the Portage Township YMCA.

If yes, the current monthly fee you are paying \$ _____

4 Complete the following information.

Applicant Name: _____ Cell Phone: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Work Phone: _____

Zip Code: _____ Employer: _____

YES NO I am a single-parent household. Length of employment: _____ yrs/mo

Date of Birth: _____

ALL OTHER ADULTS(S) AGE 18+ living in the household:

Name	Age	Employer	Relationship

! NOTE: If you have custody of a child and they are not listed as dependents on your Tax Statement Form 10-40, YOU MUST PROVIDE PROOF OF CUSTODY.

Child(ren)'s Names	Age	School/Employer	Birth Date

5 MONTHLY INCOME:

I currently receive the following forms of income, subsidy and/or assistance. Verification documents are attached to this application:

✓ **all that apply:**

Totals you receive for all persons living in your household:

<input type="checkbox"/> Household wages/salaries for past 30 days FOR ALL PERSONS IN HOUSEHOLD IRS 1040 Tax Form plus check stubs must be submitted. If any adults ages 18+ in household did not pay taxes, a signed statement must be submitted from each adult. Failure to submit will cause your application to be denied or delayed.	\$
<input type="checkbox"/> TANF	\$
<input type="checkbox"/> Housing Assistance	\$
<input type="checkbox"/> SNAP (Food stamps)	\$
<input type="checkbox"/> Disability	\$
<input type="checkbox"/> Social Security / SSI	\$
<input type="checkbox"/> Medicaid/Medicare	\$
<input type="checkbox"/> Unemployment	\$
<input type="checkbox"/> Child Support	\$
<input type="checkbox"/> Housing Assistance	\$
<input type="checkbox"/> Aid to Dependent Children	\$
<input type="checkbox"/> 401(K) Retirement Funds	\$
<input type="checkbox"/> Other: _____	\$
<input type="checkbox"/> Other: _____	\$
Total of income of ALL ADULTS living in your household. This includes anyone 18 years or older, unless claimed as dependent children on IRS Tax Form 1040	\$

Are you currently disabled or unable to work? If so, please explain. _____

How will Temporary Financial Assistance benefit you and/or your family? _____

Each year, the Portage Township YMCA raises funds through the Annual Community Support Campaign. Without the support of donors, the personal pricing scholarship program would not be possible. One of the most valuable ways we keep donors committed is to say, "**thank you!**" Our donors have said time and time again that receiving a thank you note from a recipient of a personal pricing scholarship is the most meaningful form of thanks they can receive. **We encourage you and your child(ren) to write a thank you note describing what the program experience has meant to your family.**

WE WILL SHARE YOUR STORY ON WHAT THE PROGRAM EXPERIENCE HAS MEANT TO YOUR CHILD AND YOUR FAMILY?

- Yes, keep me anonymous No, you can use my name

I verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days, I will be terminated from the Temporary Financial Assistance Program.

Signature of Applicant: _____