Financial Assistance Scholarship Application

For the Portage Township YMCA only

HELLO

My name is

_____

My birthdate is _____

My best phone number is

( )

My address is

Street address and unit #

City   State   Zip

Adults over 18 who live with me (spouse, partner, parent(s), kids).
Proof (I.D.) that each adult lives at my address will be provided at the time we register.

Name	Birthdate	Relationship to me	Employer

Adults

Children under 18 who live with me (children MUST be listed as dependents on your 1040 Tax Form **or** you MUST provide proof of custody)

Name	Birthdate	School	Employer

Kids

I (we) would like a scholarship for the following Portage YMCA programs:

- ☐ Membership (access to all equipment and fitness classes)
- ☐ Preschool
- ☐ Y-Care (before/after school childcare)
- ☐ Summer Camp
- ☐ Youth sports including swim lessons and gymnastics

I (we) want to join the Portage YMCA because:

I know that the Portage YMCA will ANONYMOUSLY share my story with its donors. I will gladly share my experience and success with the Y if and when I am asked to provide an update about how the Y has impacted me/my family.

Initial here

Membership is NEVER free. Scholarships are based on a sliding income scale resulting in 10% - 50% off standard fees.

You MUST report all sources of income, but please do not worry that you will not qualify for a scholarship.
If you believe your income is too high, please include a note/letter to fully explain your financial situation.

About my/our employment

☐ I currently work at _____ and have been employed there for _____ years.

☐ I am currently disabled or unable to work. Let me explain: _____

My **household** gets money from the following sources. I've combined the income from all adults living with me.

My application will be DENIED if I don't include the required documentation needed for each line below. ☹

I filled out every line that applies to me/us so you can see that we have enough money to pay for the discounted monthly membership fees.

Source of income	MONTHLY amount	📎 Documentation REQUIRED (the Y is happy to make copies for you)
Salary, wages, tips (1 month) Enter the **GROSS** amount before taxes and deductions are taken out	$	☐ **1040 Tax Return** for EACH ADULT in your household (pages 1 & 2 ONLY, cross out Social Security Numbers). ☐ Check here **if** you do **not** file a federal tax return ☐ **Last 30 days of paycheck stubs** from EACH adult's employer (NOT a bank statement)
Unemployment compensation	$	☐ Documentation stating allocation
Social Security compensation	$	☐ llocation statements that verify annual earnings
Disability	$	☐ Allocation statements that verify annual earnings
Child support	$	☐ Letter, copies of checks or other verification of support given to you in the past 3 months
SNAP	$	☐ Documentation stating allocation
TANF	$	☐ Documentation stating allocation
Housing assistance	$	☐ Latest housing assistance statement
Medicare/Medicaid	$	☐ Latest Medicare/Medicaid statement
School loan income	$	☐ Verification that shows funds being given to you for the semester, school year, or loan term
Retirement distributions	$	☐ Latest retirement statement
TOTAL MONTHLY INCOME (do not leave blank)	$	

1040 **AND** paystubs are needed (unless you don't file taxes)

I certify that this information is true and complete to the best of my knowledge. I grant permission to the YMCA to verify this information. I agree to notify the YMCA within 30 days if my financial status should change.

Signature of Applicant _____ Date _____