



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

The YMCA of Greater Fort Wayne is committed to our mission that “No one is turned away for the inability to pay.” All Y members receive the same membership benefits, regardless of whether or not they are receiving financial assistance. The Y maintains confidentiality of all financial information received in the application process.

- *A scholarship reduces membership fees; it does not eliminate them.
- *All 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 your branch if you have any questions.



Scholarship Application

Apply for a Financial Scholarship in 5 easy steps!

1 APPLICANT INFORMATION

Name: _____

Address: _____

City: _____

State: _____

Home Phone: _____

Cell Phone: _____

Email: _____

If applicant is under 18: Parent or legal guardian name: _____

2 ALL PERSONS LIVING IN HOUSEHOLD

Place a ✓ for each person applying for assistance	DOB
<input type="radio"/> Parent/Adult	
<input type="radio"/> Parent/Adult	
<input type="radio"/> Child	
<input type="radio"/> Child	
<input type="radio"/> Child	
<input type="radio"/> Child	
<input type="radio"/> Other	

3 I AM APPLYING FOR

✓ Check type of membership applying for

<input type="checkbox"/>	ADULT
<input type="checkbox"/>	ONE ADULT FAMILY
<input type="checkbox"/>	FAMILY
<input type="checkbox"/>	STUDENT
<input type="checkbox"/>	SENIOR
<input type="checkbox"/>	SENIOR FAMILY

And/Or

PROGRAM: _____

*Family members that are eligible for a Family, One Adult Family or Senior Family membership include: your legally-wedded spouse, legal dependents under age of 18 and any full time students through age 26, IRS dependents and legal guardianships. To qualify for Senior or Senior Family memberships you must be at least 65 years of age. For more information about eligibility, contact your local YMCA.

4 PLEASE MARK ALL THAT APPLY

I RECEIVE:

- ENERGY ASSISTANCE
- HOOSIER HEALTHWISE
- CANI (HEADSTART)
- CANI (CHILDCARE VOUCHER)
- TANF (CASH ASSISTANCE)
- SNAP (FOODSTAMPS)

5 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

For your application to be processed you must provide verification of all sources of household income

- Most recent federal income tax return
- Court order verifying child support
- Verification of any government assistance
- 2 most current paycheck stubs for all wage earners.
- Current SSI documentation
- Proof of unemployment/ verification not employed
- Proof of any other source of income

	Adult 1	Adult 2
2 most current paychecks	_____	_____
Child Support	_____	_____
Social Security Benefits	_____	_____
Unemployment	_____	_____
Government Assistance	_____	_____
Any other income	_____	_____
Total monthly income \$ _____		

6 THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!

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. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarship assistance is based on need. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form _____ Date _____

Attach all applicable financial documents and turn in to your YMCA Member Service Desk.

TELL US MORE... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

FOR OFFICE USE

APPROVED: YES _____ NO _____ SCHOLARSHIP%: _____ PROGRAM DISCOUNT: _____

MEMBERSHIP ENROLLMENT FEE: _____ CURRENT BALANCE: _____

MEMBERSHIP TYPE: _____ MONTHLY FEE: _____ ANNUAL FEE: _____

MEMBER ID#: _____ STAFF MEMBER: _____

BRANCH: _____ DATE: _____

NOTES in DAXKO: YES _____ NO _____ NOTES: _____

AWARD LETTER IS VALID FOR 30 DAYS.