



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Welcome to the Y

## Financial Assistance Scholarship Application

**OUR MISSION:** To put Christian principles into practice through programs that build a healthy spirit, mind, and body for all.

**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 Financial Assistance Membership Program, we provide 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 scholarship reduces monthly membership fees, **it does not eliminate them**. Most scholarships will be granted for 12 months. Financial assistance is only granted once every 12 months depending on the demand of financial assistance applications. Membership fees are subject to change when you reapply. If you do not reapply, your membership will expire exactly 12 months from the date of activation.



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# Membership Application

## 1 Primary Applicant Information

Name

Address

City State Zip

Phone

D.O.B Under 18?  
Parent D.O.B

Emergency Contact Name

Emergency Contact Number

Email

## 2 All people living in household

Adult D.O.B

Child D.O.B

Child D.O.B

Child D.O.B

Child D.O.B

Child D.O.B

Child D.O.B

## 3 Applying For:

- Adult (24 - 61)
- Household\*\*\*
- One Adult Household

\*\*\* Household includes 2 adults & dependent children under 21 living in the same household.

\*\*\*One Adult Household includes One Adult and up to Six children under the age of 21.

**NO MORE THAN 2 ADULTS OVER THE AGE OF 21 WILL BE ALLOWED ON THIS MEMBERSHIP. THEY MAY APPLY FOR THEIR OWN MEMBERSHIP**

**Membership Type:**

## 4 To Qualify For Financial Assistance:

**Please provide most recent proof of income:  
With pay stubs, please included if you are part time or full time.**

If you have no proof of income, you must provide a letter from the person supporting you and a referral letter from someone not related to you (school, clergy, caseworker, etc.)

**THIS APPLICATION CAN ONLY BE USED ONCE 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 sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship 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

Print Name \_\_\_\_\_

Signature \_\_\_\_\_



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# Required Information

Today's Date:

Have you received financial assistance from our organization in the past two years? (Yes/No)

Name (First and Last)

Financial Information:

Annual Household Income:

Number of Dependents:

Are you currently receiving any government assistance? (Yes/No)

If yes, please specify the type of assistance and amount:

- Type of Assistance:

- Monthly Amount Received:

Please provide any additional information or circumstances that you would like us to consider when reviewing your application:

Terms and Conditions:

- Financial assistance is provided based on the applicant's annual income and/or government assistance.
- The percentage of the discount on the join fee and monthly membership will be determined by the organization based on the provided financial information.
- Financial assistance is limited to once every two years per applicant.
- The organization reserves the right to request additional information or documentation to verify the applicant's financial situation.
- Providing false or misleading information may result in the denial of financial assistance and/or termination of membership.

By signing below, I certify that the information provided in this application is true and accurate to the best of my knowledge.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit your completed application and required documentation to the  
YMCA of Metropolitan Columbus, GA  
ATTN: Membership Director



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# Program Application ONLY

<b>1 Primary Applicant Information</b>		
Name		
Address		
City	State	Zip
Phone		
D.O.B	Under 18? Parent D.O.B	
Emergency Contact Name		
Emergency Contact Number		
Email		

<b>2 All people living in household</b>	
Adult	D.O.B
Child	D.O.B
Child	D.O.B
Child	D.O.B
Child	D.O.B
Child	D.O.B
Child	D.O.B
Child	D.O.B

<b>Program Type:</b>	<b>3 Applying For:</b>
	<input type="checkbox"/> Youth Basketball
	<input type="checkbox"/> Youth Cheerleading
	<input type="checkbox"/> Youth Soccer
	<input type="checkbox"/> Before & After School Care
	<input type="checkbox"/> After School Care ONLY
	<input type="checkbox"/> Before School Care ONLY
	<input type="checkbox"/> Swim Lessons
	<input type="checkbox"/> Swim Team
	<input type="checkbox"/> Youth Competitive Strokes
	<input type="checkbox"/> Spring Kids Camp
	<input type="checkbox"/> Summer Kids Camp
<input type="checkbox"/> Winter Kids Camp	
<input type="checkbox"/> Fall Kids Camp	
<b>***You can only receive aid for ONE program unless approved by director.***</b>	

<b>4 To Qualify For Financial Assistance:</b>
<b>Please provide most recent proof of income</b>
<b>With pay stubs, please included if you are part time or full time</b>
If you have no proof of income, you must provide a letter from the person supporting you and a referral letter from someone not related to you (school, clergy, caseworker, etc.)
<p><b>THIS APPLICATION CAN ONLY BE USED ONCE EVERY 12 MONTHS.</b> 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 sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship 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</p>

Print Name \_\_\_\_\_

Signature \_\_\_\_\_