



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 24 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:

Membership Type:

- Youth (0-12)
- Teen (13-17)
- Young Adult (18-24)
- Adult (24 - 61)
- Household***
- Senior Adult (62+)
- Senior Household* (62+)

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

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

4 To Qualify For Financial Assistance:

**PLEASE PROVIDE AT Proof of income and at least 2 other items below:
With pay stubs, please included if you are part time or full time**

- Rent Assistance (Copy of Lease)
- SNAP/EBT/WIC (Copy of approval letter with dates)
- Birth Certificates/Guardianship Papers (Only for children NOT on taxes)
- Two Current Pay Stubs (For all adults in the household)
- Unemployment Letter (For all adults in the household)
- Court Ordered Child Support or Alimony
- Social Security or Disability (For all adults in the household)
- Current Schedule for Full Time Students (Ages 18-23)

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 24 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

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
Child	D.O.B
Child	D.O.B

Program Type:	3 Applying For:
	<input type="checkbox"/> Youth Basketball
	<input type="checkbox"/> Youth Cheerleading
	<input type="checkbox"/> Youth T-Ball
	<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	
<p>***You can only receive aid for ONE program unless approved by director.***</p>	

4 To Qualify For Financial Assistance:
PLEASE PROVIDE AT Proof of income and at least 2 other items below: ***With pay stubs, please included if you are part time or full time***
<input type="checkbox"/> Rent Assistance (Copy of Lease) <input type="checkbox"/> SNAP/EBT/WIC (Copy of approval letter with dates) <input type="checkbox"/> Birth Certificates/Guardianship Papers (Only for children NOT on taxes) <input type="checkbox"/> Two Current Pay Stubs (For all adults in the household) <input type="checkbox"/> Unemployment (For all adults in the household) <input type="checkbox"/> Court Ordered Child Support or Alimony <input type="checkbox"/> Social Security or Disability (For all adults in the household) <input type="checkbox"/> Current Schedule for Full Time Students (Ages 18-23)
<p>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>
<p>THIS APPLICATION CAN ONLY BE USED ONCE EVERY 24 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</p>

Print Name _____

Signature _____



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2024

YMCA of Metropolitan Columbus, GA Financial Assistance Sliding Scale (FAS)

Use the table below to determine the percentage of financial assistance to be awarded toward membership and programs.

Gross Annual Income	Monthly	Number In Household							
		1	2	3	4	5	6	7	8+
\$ 14,580.00	\$1,215	60%	65%	70%	75%	80%	80%	80%	80%
\$ 19,720.00	\$1,643	55%	60%	65%	70%	75%	80%	80%	80%
\$ 24,860.00	\$2,072	50%	55%	60%	65%	70%	75%	80%	80%
\$ 30,000.00	\$2,500	0%	50%	55%	60%	65%	70%	75%	80%
\$ 35,140.00	\$2,928	0%	45%	50%	55%	60%	65%	70%	75%
\$ 40,280.00	\$3,357	0%	40%	45%	50%	55%	60%	65%	70%
\$ 45,420.00	\$3,785	0%	0%	40%	45%	50%	55%	60%	65%
\$ 50,560.00	\$4,213	0%	0%	0%	40%	45%	50%	55%	60%
\$ 55,700.00	\$4,642	0%	0%	0%	0%	40%	45%	50%	55%
\$ 60,840.00	\$5,070	0%	0%	0%	0%	0%	40%	45%	50%
\$ 65,980.00	\$5,498	0%	0%	0%	0%	0%	0%	40%	45%
\$ 71,120.00	\$5,927	0%	0%	0%	0%	0%	0%	0%	40%
\$ 76,260.00	\$6,355	0%	0%	0%	0%	0%	0%	0%	0%
\$ 81,400.00	\$6,783	0%	0%	0%	0%	0%	0%	0%	0%
\$ 86,540.00	\$7,212	0%	0%	0%	0%	0%	0%	0%	0%

Financial assistance will cover up to 80% of membership dues. Approval will be made within two weeks of receiving the financial assistance application.

Financial assistance is only granted for 12 Month Membership and **cannot be reapplied for within 24 months (2 years) after expiration of membership**



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2024

YMCA of Metropolitan Columbus, GA

Camp and Before & After School

Financial Assistance Sliding Scale (FAS)

Use the table below to determine the percentage of financial assistance to be awarded towards Camps and Before & After School Care

Annual Income	Dependents	1	2	3	4	5
	\$27,000 or less	35%	40%	45%	50%	50%
	\$28,000	30%	35%	40%	45%	50%
	\$35,300	25%	30%	35%	40%	45%
	\$42,600	20%	25%	30%	35%	40%
	\$49,900	15%	20%	25%	30%	35%
	\$57,200	0%	15%	20%	25%	30%

Families requesting Before and After school care or Camp assistance who EXCEED the income guidelines or have a denial letter for CAPS are eligible for discounted rates.

Before and After School or Camp assistance will discount up to 50% of cost. Parent or guardian will be responsible for remaining balance and registration fees.

Financial assistance will cover up to 50% of fees.

Approval will be made within two weeks of receiving the financial assistance application.

Financial assistance is only granted for a

12 Month Cycle and can only be applied for every 2 years



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For Office Use Only

MEMBERSHIP

Membership Type:

Length of Membership:

Membership Coordinator Approval: (circle one) YES NO

Membership Coordinator Signature for approval:

Approval Amount (\$ or %):

Join Date:

Date of Approval:

Date of Termination:

PROGRAMS

Program Type:

Registration Cost:

Program Director Approval: (circle one) YES NO

Approval Amount (\$ or %):

Join Date:

Date of Approval:

Date of Termination: