



Scholarship Assistance Application

Blair Regional YMCA
1111 Hewit St, Hollidaysburg, Pa. 16648
814-695-4467

It is the mission and policy of the **Blair Regional YMCA** to provide membership and program services for any person who desires to participate in the YMCA, regardless of their ability to pay the full fees. Those not able to pay the full fee may be awarded scholarship assistance based on their demonstrated need. All financial and personal information provided in the application will be kept in strict confidence.

Over the years the Y has found that the Financial Assistance program is most utilized by:

- Adults who are temporarily out of work
- Heads of households that are experiencing financial hardships
- People on fixed incomes
- People overwhelmed by medical bills
- Other extenuating circumstances

Therefore, the Y offers a financial assistance program with a sliding fee scale that is designed to fit each individual and/or family's financial situation.

Scholarship Principles

The scholarship program is funded through generous contributions from individuals and businesses in the community.

Scholarships are granted for a specific time, usually 12 months.

The Scholarship Program reduces membership and/or program fees; **it does not eliminate them.**

The Blair Regional YMCA requires the individual/family to provide the requested information on the attached form regarding income, family size, and specific expenses so that financial assistance is provided fairly and consistently.

Eligibility

1. We evaluate financial needs based on all persons in the household and their combined gross income.
2. The YMCA can deny assistance based on insufficient verification or sufficient income.

How to apply:

Complete the attached Scholarship Assistance application.

Attach proof of your income to the application; proof of income for each **Wage Earner** is required.

Verification for each type of income listed on the application **MUST** be provided.

Please allow **14 days** to process your completed application. After this period, you may call theYMCA to obtain a status of your application or to submit additional information.

To process your application please provide the following **required** information:

- Copy of last year's tax return

- (and)Copy of the last two pay stubs

- (and) For Child Care: Verification of CCIS application and eligibility determination (eligible and receiving funding or eligible and on the waiting list or denied eligibility)

- (or) Copy of social security or disability checks

NOTE: If you did not file taxes last year or do not have the other required documents, please submit a letter explaining your situation along with thecompleted application.

Once Approved

1. Your approval letter will be e-mailed or if no email is provided it will be mailed to your home.
2. Your approval letter is good for 90 days from the date on the letter. Please make an appointment with the **scholarship coordinator** to obtain your scholarship. If the letter is presented after 90 days, you must reapply for Financial Assistance.
3. Your Scholarship Assistance Benefit will run for one full year, if during that year your situation changes you will need to notify us of your new circumstances so we may reevaluate your benefit. Failure to notify us of changed circumstances may result in loss of your benefit.
4. Eligibility for Scholarship Assistance will be reviewed annually.
All applicants will be required to reapply **30 days before** their anniversary dates for continuing financial assistance.

We are happy to be able to offer this funding thanks to the generous donations of businesses and private individuals.

Scholarship Assistance Application

FIRST-TIME APPLICANT

RENEWAL APPLICANT

Please complete the entire application or it will be returned.

Please indicate the area of financial assistance for which you are applying:

Membership (Please circle): Youth Teen Adult Senior Family

OR

Program (Please circle): Other _____ Youth Sports

Head of Household Information:

Name: _____ Age: _____

Spouse/Significant Other Name (if applicable): _____ Age: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell #: _____

Email Address: _____

Are you or your spouse/significant other a full time student? (Please circle) Yes No

If Yes, where? _____

Total Number of Dependents (the number of dependents you claim on your federal income tax return): _____

List the names and ages of all the persons in the household (include last name if different from applicant). Please circle the check mark beside each person benefitting from Financial Assistance.

✓ 1) _____ Age _____

✓ 5) _____ Age _____

✓ 2) _____ Age _____

✓ 6) _____ Age _____

✓ 3) _____ Age _____

✓ 7) _____ Age _____

✓ 4) _____ Age _____

✓ 8) _____ Age _____

Income/Expense Worksheet

Please complete the entire worksheet or it will be returned.

Please include yours and if applicable, your spouse/significant other's income/expense information.

Monthly Income:

\$ _____ 1) Your Gross Monthly Income
(Submit last 2 pay stubs)

\$ _____ 2) Spouse Gross Monthly Income
(Submit last 2 pay stubs)

\$ _____ 3) Child Support

\$ _____ 4) Social Security or Disability

\$ _____ 5) Welfare (submit a copy of card)

\$ _____ 6) Food Stamps

\$ _____ ?) Unemployment

\$ _____ 8) Other (Please explain)

\$ _____ **Total Monthly Income (Household)**

\$ _____ **Total Annual Income (Household)**

Monthly Expenses:

\$ _____ 1) Rent/mortgage (circle one)

\$ _____ 2) Auto Loan

\$ _____ 3) Home Utilities (gas, water, electric)

\$ _____ 4) Telephone (listed in your name)

\$ _____ 5) Child Support

\$ _____ 6) Medical

\$ _____ 7) Child Care

\$ _____ 8) Food

\$ _____ 9) Other (i.e.: cable,
extracurricularactivities (Please list with the
expense amount)

\$ _____ **Total Monthly Expenses (Household)**

Do you share expenses with anyone else in your household? _____ Total number in household: _____

I have included: (Check all that apply) Tax Form Last Two Paystubs Social Security or Disability Documentation

Other Income Verification

CCIS Application Verification

Volunteering

Volunteers are an essential part of the YMCA. Without the help of volunteers, we would not be able to offer the range of quality programs that are available today. We would appreciate any time you would be willing to give of yourself in volunteering for a program or activity. Please check any area you would be interested in volunteering for. A YMCA staff person will contact you with information.

- Aquatics
- Adult Fitness
- Youth Programs
- Maintenance
- Special Events
- Other_____

Date	Event	Hours

The YMCA hopes that you and/ or your family members benefit from this Financial Assistance.

OFFICE USE ONLY – Do not write below.		
Verification of income with:	on:	Total yearly gross:
Verification of income with:	on:	Household total:
Scholarship granted:	% Off Membership	% off Programs
Y Scholarship Coordinator		

