Note: (**_Please remove and keep this top sheet for your records_**)

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 who are 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 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**.

Please note: the percentage may differ for membership or programming.

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 insufficient income.

How to apply: ***An application will be considered incomplete without proof of income***

Complete the attached Scholarship Assistance application.

- ✓ **Attach** proof of your income to the application; proof of income for each **Wage Earner** is required. *An application will be considered incomplete without proof of income.*

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 the 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 also) a 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
- Also, a short paragraph about your extraordinary circumstance should be added to be considered.

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 emailed 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, Darlene H,** 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. During that year, if 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 category): Youth / Teen / Adult / Family / Senior

OR

Youth Program: (please list program**)** _____

Special Programs, including personal training and private swim lessons, are not eligible for assistance.

The Child Care Director determines assistance for childcare and summer camps

Head of Household Information:

Name:_____DOB:_____ Age: _____

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

Address: _____ Apt#:_____

City: _____ State: _____ Zip:_____

Cell #: _____ Home#: _____

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 benefiting from Financial Assistance.

✓ 1)_____Age_____

✓ 2) _____Age_____

✓ 3) _____Age_____

✓ 4) _____Age_____

✓ 5) _____Age_____

✓ 6) _____Age_____

✓ 7) _____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's Gross Monthly Income (Submit last 2 pay stubs)

$ _____ 3) Child Support

$_____4) Social Security or Disability

$_____5) Welfare (submit a copy of the 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 Pay stubs ☐ Social Security or Disability Documentation

☐ Other Income Verification ☐ CCIS Application Verification

_____ _____

Are there any extraordinary circumstances that should be considered when reviewing this application? If yes, please explain.

Name of person completing this application: _____

I attest that all the information on this Scholarship Aid form is truthful and accurate, and all income is reported. I understand that false information or deception on my part would result in denial of assistance or prosecution to the fullest extent of the law for Theft of Services.
I also understand that should my financial situation change, I would notify the YMCA Financial Department within 30 days.

Signature: _____ Date: _____

Staff Signature: _____ Date received: _____

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_____
- Foster Grandparent Program (a paid position with Blair Senior Services)

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		