THE ESSENCE OF THE Y
With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

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 People Helping People Scholarship Program, the YMCA provides 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 People Helping People Scholarship reduces membership fees; it does not eliminate them.
All People Helping People 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.
Confidential information may not be given over the phone.

COVID-19 (coronavirus) UPDATE:
If you are an essential worker in need of child care and need financial assistance, you may use this form to apply for a People Helping People Scholarship opportunity.
Apply for a People Helping People Scholarship in 5 easy steps!

1. **APPLICANT INFORMATION**
   - Name ___________________________ DOB ____________
   - Mailing Address ____________________________________________
   - City _______________________________________________________
   - State ______________________________________________________
   - ZIP Code ____________
   - Home Phone _____________________________
   - Cell Phone _____________________________________________
   - Email _____________________________________________________
   - If an applicant is under 18: Parent or legal guardian’s name: ________________________________

2. **ALL PERSONS INFORMATION**
   - Place a ☑ check mark for each family member applying for assistance.
   - Parent/Guardian/Adult DOB
   - Child DOB
   - Child DOB
   - Child DOB
   - Child DOB
   - Other dependent(s) DOB

3. **I AM APPLYING FOR**
   - ☑ Check category for which you are applying.
   - Youth
   - Teen/Young Adult (Ages 16-24)
   - Adult (Age 25+)
   - One Adult + Children
   - Two Adults + Children
   - Two Adults/Couple
   - Other
   - Childcare
   - ☑ Camp*  ☑ Day  ☑ Holiday
     *The YMCA will only sponsor up to $500 per family

4. **TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:**
   - I filed Federal Taxes for last year
   - 1040 Federal Tax Form(s) for all incomes in household
   - I am an individual filing jointly
   - I am providing ONE 1040 form
   - We filed more than ONE tax form in our household; We are providing _______ 1040 forms.
   - TOTAL ANNUAL HOUSEHOLD INCOME

5. **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 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.

6. **FOR OFFICE USE**
   - APPROVED YES NO
   - YMCA ________% YOU ________%
   - JOIN TODAY FOR $ ________
   - STAFF NAME ___________________________ DATE ________
   - AWARD LETTER IS VALID FOR 30 DAYS
   - Payment plans are available. YMCA STAFF: Please stamp with date.

7. **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.
   - I want/need a YMCA People Helping People Scholarship because: