



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ALL ARE WELCOME

YMCA Membership & Program Scholarship Application

▶ 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 of West Central Florida 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 membership based on their ability to pay. Through our Helping Others Campaign, the YMCA of West Central Florida provides membership assistance to youth, adults and families based on individual needs and circumstances.

▶ COMMITTED TO OUR COMMUNITY

Determining scholarship amounts is handled in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether they are receiving 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.

SCHOLARSHIP PRINCIPLES

- The Y gives assistance to anyone who desires to participate, regardless of their ability to pay established membership or program fees. This may be due to temporary unemployment, unexpected medical expenses or other extenuating circumstances.
- Those not able to pay the full fee may receive assistance based on their financial ability. The Y Scholarship Program reduces membership and/or program fees; it does not eliminate them.
- Our Scholarship Program is funded through generous contributions from individuals and businesses in the community to the YMCA Community Support Campaign, Helping Others.
- Scholarships are granted for a specific time period, usually 12 months. The YMCA requests that applicants reapply annually, with updated documentation.

TO OBTAIN A SCHOLARSHIP

- Complete this application form on the reverse side and return it with proof of income to one of our YMCA locations or email it to FA@ymcawcf.org. We will review the information and compare it to established scholarship guidelines.
- All information will be kept confidential.

YMCA Membership & Program Scholarship Application

1. Select your branch

- Fontaine Gills Family YMCA
 2125 Sleepy Hill Rd.
 863-859-7769
- Lakeland Family YMCA
 3620 Cleveland Heights Blvd.
 863-644-3528
- YMCA Par 3
 1740 George Jenkins Blvd.
 863-577-0236

2. Applicant Information

Name: _____

Date of Birth: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Home Cell

Emergency Contact Name: _____ Phone: () _____

4. Income Information

All documentation requested below is required to process this scholarship application.

SCHOLARSHIP CHECKLIST (check all applicable):

- Scholarship Application completed and signed
- Copy of valid drivers license or picture ID (For ALL household members 19 years of age or older)
- Most recent tax return (Form 1040, **not** W2)
- Last two pay stubs for all working adults in household
- Unemployment benefit statements
- Current Social Security/Disability Statement
- Food Stamps Documentation (Listing ALL names and amount receiving)
- Class Schedule (if college student)

Applicant's Employer _____

Full Time Part Time Hours Per Week _____
 Annual Income _____

Additional Adult Employer _____

Full Time Part Time Hours Per Week _____
 Annual Income _____

If you receive or have applied for any of the following income sources, please fill in the annual amount:

Child Support \$ _____ Alimony \$ _____

Food Stamps \$ _____

Total Gross Annual Income From All Sources \$ _____

3. Type of Membership or Program you are requesting

- TEEN (ages 13-17)
 - YOUNG ADULT (ages 18-27)
 - ADULT (ages 28-64)
 - TWO PERSON FAMILY: Two adults up to the age of 64 living in the same household or one adult and one dependent
 - FAMILY PLUS:
Two adults up to the age of 64 living in the same household plus any legal dependents
 - SENIOR (age 65 and up)
 - TWO SENIOR FAMILY
Two adults over the age of 65 living in the same household
- AND/OR
- AFTERSCHOOL
 - CAMPS
 - OTHER PROGRAMS/SPORTS/AQUATICS

5. All Persons Living in this Household

Name	DOB	Age	Gender

***Letter of denial from ELC must be provided before scholarship application can be processed.**

6. Please give a brief explanation of why you need a scholarship. Attach a separate letter if desired.

I understand that this scholarship is short term only and I must reapply annually for future scholarships. In accordance with the YMCA core values of caring, honesty, respect, and responsibility, I verify that the information provided on this application is accurate. 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.

Signature of person completing this form

Date