



The Monroe Family YMCA

Adult Scholarship Program

Commonly Asked Questions

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Q. What is an Adult Scholarship?

A. The YMCA of Monroe believes in providing membership and program services to all who desire to participate.

Q. Who is eligible for the Adult Scholarship?

A. Any adult (18 years and older) may apply for an Adult Scholarship Membership. Approval of applications is made on an individual basis per the Scholarship Committee. The association uses a scale based on household income. The scale is developed on Federal Poverty Guidelines. Excessive expenses may be considered. Sex offenders and convicted felons are not eligible.

Q. What is the maximum Scholarship Assistance available?

A. The assistance awarded is a flat rate of 20% off applicable membership dues and program fees.

Q. How long will the Adult Scholarship last?

A. Scholarship Memberships are good for one year from the date of issue. You are required to inform the YMCA of any material changes in your financial status. Applicants will be eligible to reapply 12 months from the membership expiration date.

Q: How do I pay for an Adult Scholarship?

A: A member who receives the Scholarship Membership must either pay in full by cash, check, money order or by credit card or opt to use the monthly bank draft option.

Q. How do I apply?

A. Complete the attached Scholarship application and submit the following documents (if applicable):

1. Most recent federal income tax return (form 1040)
2. Verification of non-filing, proof from IRS that you did not file a tax return for previous year (IRS form 4506-T)
3. Last two pay stubs
4. Copies of financial assistance received (SSI, SSDI, Food Stamps, Child Support, etc.)
5. Proof of lay off or unemployment documentation

Q. What is expected of me, if I receive an Adult Scholarship?

A. Upon approval of Scholarship Membership, detailed information will be provided to you.

Expectations include:

- Usage requirement of 12 times in a 2 month period is required.
- Scholarship memberships with a past due balance are canceled after 30 days.
- If your Scholarship membership is terminated because of default in payment, you must wait 12 months from cancellation date to reapply.

Q. How long does the approval process take?

A. The process takes approximately 6 to 8 weeks because all applications must be approved by the Scholarship Committee.

Q: Why do I have to take 12 months off before I can reapply for the membership?

A: Everyone is required to take 12 months off of the program to allow more people in the community the opportunity to enjoy a membership at the YMCA.



Adult Scholarship Program

REQUIRED INCOME AND DOCUMENTATION

- Please submit copies only. Originals will not be accepted. Submitted documents will not be returned.
- For your financial security, please black out or white out any Social Security or bank account numbers prior to submitting documentation.

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO ALL APPLICATIONS - WITHOUT EXCEPTION:

- Current year Income Tax Return, Form 1040, as filed with the Internal Revenue Service (IRS). The IRS can be contacted at (800) 829-1040. **W2's are not accepted.**
- If you do not file taxes, you must complete a Verification of Non-filing, Form 4506-T, and submit it to the IRS. The verification of non-filing from the IRS must be included with your application. These forms are available at the front desk.

PLEASE SUBMIT ALL OF THE FOLLOWING THAT APPLY

- Two (2) consecutive pay stubs for EACH wage earner, showing gross and net income.
- Social Security Administration Letter (SSI or SSDI)
- Unemployment Statement (or letter stating you do not qualify)
- Retirement Income
- DHS Assistance--(Food Stamps, Cash, etc.)
- Child Support
- Foster Care Subsidy Letter
- Student Loans
- Any other income that pays expenses



Applying for a Scholarship is confidential.

Make sure you complete, sign, and date your application.

Call (734)241-2606 if you have any questions.



YMCA OFFICE USE ONLY

Date Received: _____ *Desk Staff Initials:* _____

Committee Use Only

Approved Membership Type: _____ Rate: _____

Denied Reason: _____

ADULT SCHOLARSHIP PROGRAM

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____ Employer: _____

Are you a convicted sex offender? _____ Have you been convicted as a felon? _____

PLEASE SELECT MEMBERSHIP TYPE

- Young Adult (18 - 22) Adult (23-61) Couple
 Senior Adult (62+) Senior Couple (62+)

PLEASE LIST ALL HOUSEHOLD MEMBERS

Do you share expenses? Yes No Total number living in household: _____

Spouse/Dependent's Name	Relationship	Date of Birth	M/F	School/Employer
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TO HELP US SERVE YOU BETTER PLEASE ANSWER THE FOLLOWING QUESTIONS

Are you a current YMCA member? _____ If so, since when? _____

Have you ever applied for or received a Scholarship Membership? _____ If so, when? _____

How did you hear about Scholarship Membership program? _____

Please list any circumstances you want us to consider (additional sheet may be attached) _____

INCOME AND EXPENSES

- List income, assistance, and expenses for the **ENTIRE** household.
- Complete all sections. Incomplete applications will not be processed.
- Documentation may be required for excessive expenses.

INCOME (Monthly)	ADULT #1	ADULT #2	DEPENDENTS	OTHER
Monthly Income				
Child Support (receiving)				
Alimony (receiving)				
Aid to dependent children				
SSI, Retirement, Disability				
Unemployment				
DHS Assistance (food stamps, cash, etc)				
Other (please explain)				
Total Monthly Income				
EXPENSES (Monthly)	ADULT #1	ADULT #2	DEPENDENTS	OTHER
Rent/Mortgage				
Utilities				
Medical/Dental				
Tuition/College Loans				
Child Support (paying)				
Alimony (paying)				
Child Care				
Other (please explain)				
Total Monthly Expenses				

Number of vehicles in household? _____

Vehicle Payment: Own Leased What's the monthly payment? _____

Make of vehicle: _____ Model: _____ Year: _____

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Make of vehicle: _____ Model: _____ Year: _____

ADDITIONAL INFORMATION

How do you feel having a Scholarship Membership will benefit you and/or your family? (Additional sheet may be attached) _____

VERIFICATION AND ACKNOWLEDGEMENT

I declare that the information given is true and correct to the best of my knowledge. If requested I will produce further proof of all facts. I agree to inform the YMCA of Monroe of any material changes in my financial status and employment. I understand that the YMCA of Monroe has the right to recover the cost of aid provided if any information provided by me proves to be incomplete or incorrect.

Signature: _____ Date: _____