



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The Monroe Family YMCA

Scholarship Membership

Application



Commonly Asked Questions

Q. What is the Scholarship Program?

A. The YMCA of Monroe believes in providing membership and program services to all who desire to participate. The Scholarship Membership is supported by our Annual Campaign, through receiving generous donations from community members and organizations.

Q. Who is eligible for the Scholarship Program?

A. Families with children and any individual child (17 or younger) may apply for the Scholarship Memberships. Approval of applications is made on an individual basis per the Financial Assistance Committee. The association uses a scale based on household income and number of dependents. Sex offenders and convicted felons are not eligible. The scale is developed on Federal Poverty Guidelines. Excessive expenses may be considered.

Q. What is the maximum Scholarship available?

A. The maximum Scholarship awarded is 50% off applicable membership dues and program fees.

Q. How long will the Scholarship last?

A. Scholarships 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 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: How do I pay the 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 a Scholarship Membership?

A. Upon approval of the Scholarship, 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: 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 children and families in the community the opportunity to enjoy the benefit of having a membership at the YMCA.



Scholarship Membership Application

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 Membership 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: _____

SCHOLARSHIP MEMBERSHIP APPLICATION

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

- Youth (0-17) Family with children
- Single Parent Family

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 the 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: _____