

GREENE COUNTY YMCA SCHOLARSHIP PROGRAM

The Greene County YMCA is committed to helping people grow in spirit, mind and body. Our YMCA is here to serve people of all ages, backgrounds, abilities and incomes.

Our Scholarship Program is based on a sliding fee scale designed to fit each individual or family's financial situation. Due to the support of the United Way, financial assistance is available to anyone who resides in Greene County and meets eligibility standards. Our philosophy is to provide those who are unable to afford the fees the opportunity to use the Y. Awarding of this scholarship is based on financial need, availability of funds and the applicant's genuine interest in YMCA activities. The information you give us will be carefully reviewed by our scholarship committee and held in strict confidence.

To apply for a scholarship, you will need to do the following:

1. Complete the enclosed application with current and accurate information.
2. Enclose at least one of the following personal financial documents for each person employed and/or receiving disability, unemployment, social security, etc., who resides in your household.

- Copy of last year's tax return
- Copy of last 2 pay stubs
- Copy of most current social security or disability check stub
- Copy of most current unemployment pay stub

College students must provide a copy of their class schedule for each semester they are enrolled, along with one of the financial documents listed above.

3. Secure all information with this application and return to the YMCA.

Please allow 2 – 3 weeks for your application to be processed.

Income

Please include all forms of income you receive including current job, disability, unemployment, retirement, social security, child support, alimony, etc.

Your monthly paycheck (gross)	\$ _____	(Monthly)
Spouse's monthly paycheck (gross)	\$ _____	"
Food Stamps	\$ _____	"
Unemployment	\$ _____	"
Child Support	\$ _____	"
Alimony	\$ _____	"
Retirement	\$ _____	"
Social Security	\$ _____	"
Disability	\$ _____	"
SSI	\$ _____	"
Housing (Rental) Assistance	\$ _____	"
Other	\$ _____	"
Total monthly income	\$ _____	

Amount you are able to pay towards membership **each month** \$ _____

So that we can better serve you, please share what you hope to gain from your YMCA membership or program participation.

It will be necessary to update your information in order to keep your file current. We will send you a renewal notice in the mail prior to your review date. Your fees are subject to change when you renew. If you do not renew when requested, your membership may be terminated. Unless stated otherwise, financial aid is for a one-year period.

I verify that all the information submitted is correct, complete and accurate. I understand that future information may be requested in order to keep my scholarship valid. I **also understand that my application will be held for one month after notification of approval.**

Applicants' signature

Date