



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Cortland County Family YMCA Scholarship Application

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the YMCA because of the inability to pay. YMCA Scholarships can be applied to both Memberships and Programs, and are available for children, adults and families. The scholarship award determination process normally takes about a week if the application is complete when submitted, and scholarships are usually granted for 12 months.

Scholarship assistance is limited and is intended to reduce fees, not eliminate them. Applicants are encouraged to pay as much as possible toward membership and/or program fees.

Please return the completed application, along with proof of income and a Membership Information Form and/or a Program Registration Form to our Member Service Director.

Proof of Income could be:

- the first page of your most recent Income Tax Return,
- copies of the last two month's worth of paycheck stubs,
- copies of award letters for pension, Social Security, public assistance, food stamps, etc.

Head of Household's Name: _____
Last First MI

Membership you are applying for: _____ Normal Price: _____

Amount you can pay for monthly membership. _____

And/or

Program you are applying for: _____ Normal Price: _____

Is the participant a YMCA member already? Yes No

Amount you can pay for this program. _____

Please list gross monthly household income and expenses from all adults in the household:

Gross Monthly Income	
Wages	\$
Public Assistance	
Food Stamps	
Support	
SSI	
Pension	
Total Income:	

Please indicate if any of the following conditions are the primary reason for your membership request:

- Keeping youth in a safe space Helping combat a mental illness Combating substance abuse
 Cancer Diabetes Arthritis Back Pain Medical need to lose weight
 Other: _____

Please explain why you are requesting a scholarship and how it will benefit you/your family.

Include any pertinent information or extenuating circumstances. Please list medical condition and doctor's name if applicable:

Terms and Conditions:

- Scholarship awards are not usually retroactive. Let us help you resolve any balances due prior to scholarship application.
- Scholarships are awarded primarily based on your income in comparison to federal poverty levels. Be sure to let us know about any special circumstances.
- Scholarships awards should be claimed and applied to membership or program within 30 days of notification of approval.
- Scholarship payments need to be paid on time. Late payment may result in loss of scholarship.
- Scholarship recipients are expected to be exemplary in displaying the core values of the YMCA – Caring, Honesty, Respect, and Responsibility. Violation of YMCA rules, core values and Code of Conduct, or unacceptable behavior may result in immediate loss of scholarship and membership.
- Scholarship may be denied due to a history of unacceptable behavior at the YMCA.

Certification:

I, _____ do hereby attest that the information given is correct to the best of my knowledge and that I have read and agree to all the terms in this form. I agree, if necessary to send additional information or documentation to support the above statements. I understand if I falsify information, I will not be eligible for assistance now and/or in the future. I understand that by accepting this scholarship I am obligated to make the monthly payment on time to maintain membership and/or participation in a program. I understand that all information will be kept confidential.

Signature _____ Date _____