



# Auglaize/Mercer Counties Family YMCA

7590 State Route 703  
Celina, Ohio 45822  
419-586-YMCA (9622)

04075 Wuebker Road  
Minster, Ohio 45865  
419-629-YMCA (9622)

## MEMBERSHIP FINANCIAL ASSISTANCE SCHOLARSHIP APPLICATION

(To be completed by parent or guardian if applicant is under 18)

While the YMCA is a not-for-profit agency, we depend on participant fees to help maintain our services. We are committed to serve people regardless of their income level, but expect participants to pay a fee based on their financial ability. Contingent upon financial resources of the Association and verification of application information YMCA scholarship will be awarded to applicants.

### APPLICATION STEPS

1. Fill out this application form.
2. Obtain your most recent IRS 1040 form and a letter verifying your earnings from employer/agency.
3. Write a letter of at least fifty (50) words expressing appreciation for the sponsored membership. Letters should be on a full sheet of paper containing some reference to the type of activities the sponsored person wishes to participate in or the reasons for wishing to belong to the YMCA.
4. Return application, IRS 1040 and other income verification forms from everyone in your household to the Auglaize/Mercer Family YMCA.

Please print or type.

*Scholarship application is for:*

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

*Information on parent or legal guardian:*

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address (if different than applicant) \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ School/Employer: \_\_\_\_\_  
 Spouse's Employer: \_\_\_\_\_

Income:	Please Circle	Amount of Money Per Month
Are you receiving cash assistance?	Yes No	\$ _____/month
Are you receiving food stamps?	Yes No	\$ _____/month
Are you receiving social security?	Yes No	\$ _____/month
Are you receiving veteran's benefits?	Yes No	\$ _____/month
Are you receiving child support?	Yes No	\$ _____/month
Are you receiving spousal support?	Yes No	\$ _____/month
Household Monthly Income:		\$ _____/month
Are you or anyone else receiving unemployment benefits?	Yes No	\$ _____/month
Any other sources of income?	Yes No	\$ _____/month

**VERIFICATION OF INCOME MUST ACCOMPANY THIS APPLICATION**

New Member \_\_\_\_\_ Renewal \_\_\_\_\_

Membership Type: Family \_\_\_\_ Adult \_\_\_\_ Student \_\_\_\_

Family Members:	Relationship	Birthdate	Age
Self:			

Others:

Amount you are able to pay: \_\_\_\_\_

How did you hear about the YMCA scholarship program: \_\_\_\_\_

In accordance with YMCA policy, NO applications will be considered without accompanying verification of income. We require IRS Form 1040 and current Employer Status or Public Aid Disclosure.

Please read the following:

I, hereby certify that the information supplied herein, is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the Auglaize/Mercer Family YMCA, in writing, of any change in information supplied in this application such as income, address, living arrangements, or other matters which might affect my eligibility for financial assistance. I understand that failure to comply with YMCA policies can result in immediate revocation of scholarship privileges.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_