



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE SCHOLARSHIP APPLICATION

WELCOME TO THE Y

OUR MISSION: To put Christian principles into practice through programs that build a healthy spirit, mind, and body for all.

EVERYONE IS WELCOME: The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Financial Assistance Scholarship Program, we assist youth, adults, and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY: Determining assistance amounts is handled by the YMCA fairly and consistently. Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people and is committed to youth development, healthy living, and social responsibility.

TO QUALIFY FOR FINANCIAL ASSISTANCE, YOU MUST SUBMIT ONE OF THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

- Your most recently filed tax return
- Two current paycheck stubs or other proof of your current combined total income
- Proof of any other income – i.e., child support, social security benefits, etc.



A scholarship reduces the fees for monthly memberships and youth programs,

But it does not eliminate them.

Most scholarships will be granted for 12 months.

Scholarships are only granted once every 12 months, depending on the demand for financial assistance applications. Membership and program fees are subject to change annually. If you do not reapply, your scholarship will terminate exactly 12 months from the date of activation.





Financial Assistance Application

The YMCA of Metropolitan
Columbus, GA

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Preferred Phone: _____ Birth date: _____

Employer Name: _____

Employer Address: _____

Town/City: _____ State: _____ Zip Code: _____

Job Title: _____ Business Phone: _____

Second Adult Name: _____ MI: _____ Last Name: _____

Number of Dependent Children: _____

Name: _____ Birth date: _____ Name: _____ Birth date: _____

Name: _____ Birth date: _____ Name: _____ Birth date: _____

Name: _____ Birth date: _____ Name: _____ Birth date: _____

Financial Assistance is Requested For:

Membership Youth Sports Child Care Camp Aquatics

Membership Type: Household One-Adult Household Adult Teen Senior Young Adult

Household Gross Annual Salary: \$ _____

Other Income (list source & amount): _____

Housing: Own Rent Monthly Mortgage/Rent: _____

Do you receive a housing subsidy? Yes No Amount per Month: \$ _____

Please list any special circumstances that affect your reason for need:

The information listed on this form is correct to the best of my knowledge. I understand that if I do not provide the required documentation with my application, my application will be denied. I understand that I must reapply for financial assistance every 12 months from the date of this application. If I do not reapply for financial assistance, my scholarship will terminate 12 months from the date of my application.

Applicant Signature: _____ Date: _____

YMCA of Metropolitan Columbus, GA to Complete this Section

Member Account Number _____ Branch _____

Percent of Subsidy _____ Begin Date _____ Review Date _____

Approved By _____ Date Entered _____