



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# HELP WHEN YOU NEED IT

**Membership Scholarship Application**  
**LAWRENCE COUNTY YMCA**



**[lawcoymca.org](http://lawcoymca.org)**

**Everyone is welcome. The Lawrence County YMCA**  
strengthens our community through youth development, healthy  
living and social responsibility.

### **Q: What is a Scholarship?**

**A:** The Lawrence County YMCA believes in providing membership services to all who desire to participate. The scholarship program, supported in large part by the Annual Campaign, uses all available resources to provide support to those who have financial need and qualify for assistance.

### **Q: What is the Annual Campaign?**

**A:** The Annual Campaign is the YMCA's yearly fundraising appeal. This allows the Lawrence County YMCA to accomplish its mission to support the balanced development of spirit, mind and body through programs and services that develop youth, promote healthy living and demonstrate social responsibility. We rely on contributions from individuals, corporations, and the community to help make that a reality for all.

### **Q: Who is eligible for a YMCA scholarship?**

**A:** Anyone within the YMCA service area may apply for a scholarship. Eligibility is based on family size and household income.

### **Q: Is it possible to join the YMCA free of charge?**

**A:** The YMCA believes scholarship participants develop a strong sense of ownership and pride when they contribute toward the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of the fee for the requested service.

### **Q: If I receive a scholarship, what is expected of me?**

**A:** Upon approval of a scholarship, a Y representative will review the conditions of the scholarship with you. Those conditions will include the length of the scholarship, the expectation that you take full advantage of the assistance by using the membership or service regularly.

### **Q: How will the scholarship amount be determined, and how quickly can I expect to receive scholarship?**

**A:** Scholarships are determined on an individual basis, based on *documented* need and funds available. Once the completed scholarship application and required documents have been submitted, a YMCA representative will contact you with the results.

### **Q: How long will the application evaluation take?**

**A:** Please allow up to two weeks for processing.

### **Q: How do I apply?**

- A:**
1. Complete the scholarship application form in this brochure.
  2. Submit two of the following documents with the application.\*
    - a. the most recent federal income tax form
    - b. and one of the following:
      - letter from employer verifying current employment.
      - a recent paycheck stub.
      - state verification of assistance

**\*Include copies (etc.) for all individuals contributing to the household income.**

### **Q: Who will review my application?**

**A:** The executive director and his or her designee are the only people who will review your application. All information is handled confidentially.

### **Q: May I do anything in return for this assistance?**

**A:** Yes! YMCA donors appreciate learning how their contributions are used. Submitting a short note about how you or your family benefited from the scholarship program is appreciated. Also, children and adults are encouraged to volunteer.

### **Q: Are scholarships available at all Lawrence County YMCA branches?**

**A:** Yes! Your scholarship is valid at both the downtown branch and the Y-Zone.

### **Q: What if I haven't filed Federal Income Taxes?**

**A:** For a non-filer of Federal Income Tax, contact the Internal Revenue Service at 1-800-829-8374 to request a letter of verification of non-filing status and submit it with your scholarship application.

### **Q: How long does the application evaluation take?**

**A:** Please allow up to two weeks for processing.

### **Q: How long will the scholarship continue?**

**A:** Need for the scholarship is assessed at the discretion of YMCA representatives and reviewed on a regular basis. **Once a membership is terminated for nonpayment it is unlikely that it will be reinstated.**

# Scholarship Application

## 1 APPLICANT INFORMATION (PLEASE PRINT)

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  M  F

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

## 2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance.

<input type="checkbox"/> _____ HOUSEHOLD MEMBER BIRTH DATE	<input type="checkbox"/> _____ HOUSEHOLD MEMBER BIRTH DATE
<input type="checkbox"/> _____ HOUSEHOLD MEMBER BIRTH DATE	<input type="checkbox"/> _____ HOUSEHOLD MEMBER BIRTH DATE
<input type="checkbox"/> _____ HOUSEHOLD MEMBER BIRTH DATE	<input type="checkbox"/> _____ HOUSEHOLD MEMBER BIRTH DATE
<input type="checkbox"/> _____ HOUSEHOLD MEMBER BIRTH DATE	<input type="checkbox"/> _____ HOUSEHOLD MEMBER BIRTH DATE

## 3 I AM APPLYING FOR

<input type="checkbox"/> Youth (Ages 0-12)	<input type="checkbox"/> Teen (Ages 13-19)	<input type="checkbox"/> Young Adult (Ages 20-29)
<input type="checkbox"/> Adult (Ages 30-64)	<input type="checkbox"/> Senior (Age 65+)	<input type="checkbox"/> Senior Couple (Age 65+)

Family (Parents & Children 18 and younger)

Attach all applicable financial documents  
and submit to your YMCA Member Services Desk.

#### 4 EMPLOYMENT & INCOME

Check all applicable income types. **A Copy of your most recent tax return must accompany this application.** For security reasons, please block out all social security numbers. If you do not file taxes, provide alternate proof of income and a letter as a non-filer of federal income tax. This can be obtained by calling the IRS at 1-800-829-8374.

Current Employment  
Applicant

Yes  No

\_\_\_\_\_  
EMPLOYER

\_\_\_\_\_  
OCCUPATION

Spouse

Yes  No

\_\_\_\_\_  
EMPLOYER

\_\_\_\_\_  
OCCUPATION

Income

Salary \$\_\_\_\_\_

Pension/Retirement \$\_\_\_\_\_

Child Support \$\_\_\_\_\_

Disability \$\_\_\_\_\_

Alimony \$\_\_\_\_\_

Other Income \$\_\_\_\_\_

Unemployment Benefits \$\_\_\_\_\_

Social Security Benefit \$\_\_\_\_\_

Total Combined Income: \$\_\_\_\_\_

(Total income amount from all columns)

#### 5 ADDITIONAL INFORMATION

Are there other special circumstances affecting your financial situation you would like us to take into consideration? If so, explain:

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#### 6 SIGNATURE

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarship assistance is based on documented needs and funds available. If I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE