

North Central Florida YMCA Scholarship Application



Please submit the following documents with this application (photocopies only)!

- Mandatory**-Copy of most recent tax return or 4506T (Tax Return Request)
 - Mandatory**-Copies of last 3 paycheck stubs (from all adult household members)
 - Mandatory**- A personal letter explaining your need for assistance.
 - Mandatory**-Copy of all expenses/bills claimed on application.
 - If applicable**-Copy of social security income
 - If claiming** FT Student- current class schedule and financial aid award letter (if applicable).
 - If applicable**-Copies of court ordered child support, alimony, subsidized housing, food stamps, Any other sources of income not listed here.
- Applications will NOT be processed if ANY of the above documents are missing.**

Please choose either membership or programs and check the applicable box below

MEMBERSHIP

<input type="checkbox"/> Family Plus <input type="checkbox"/> Family <input type="checkbox"/> Single Parent <input type="checkbox"/> Adult <input type="checkbox"/> College Student	<input type="checkbox"/> Senior Adult +55 <input type="checkbox"/> Senior Couple +55 <input type="checkbox"/> Youth 17 & Under
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------

Typically assessed for a period of one year

OR

PROGRAMS

- Aquatics (6 months)
- Afterschool (9 months)
- Sports (6 months)
- Gymnastics Afterschool (9 months)
- Gymnastics Classes (6 months)
- Summer Camp (9months)

Scholarship is valid for the time indicated

Please PRINT clearly.

Applicant's Name: _____ Date of Application _____

Mailing Address: _____

Are you a full-time student? NO or YES *(If yes, please provide current school schedule).*

Home Phone: _____ Daytime Phone: _____

E-mail Address: _____

Current Employer: _____ Phone Number: _____

Supervisor's Name: _____ Length of Employment: _____

Spouse Information:

Name: _____

Current Employer: _____ Phone Number: _____

Supervisor's Name: _____ Length of Employment: _____

Is your spouse a full-time student? NO or YES *(If yes, please provide current school schedule.)*

Legal Dependant(s) under 18 or 21 if Full-Time Student

Must be claimed as dependants on most recent tax return to be included.

Name	Age	School or Day Care	Birth Date

Do the school age children listed above receive free or reduced lunch? YES or NO

YMCA MISSION STATEMENT

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

The YMCA strives to make our programs available to all who have demonstrated their inability to pay. By providing all requested information you will help us to meet this goal. This information is kept confidential and will not be used for any other purpose.

Please itemize your gross annual income.

Salary \$ _____	401 (k) Retirement \$ _____
Social Security Compensation \$ _____	Alimony \$ _____
Child Support \$ _____	Student Loans/Grants \$ _____
Aid for Dependant Children \$ _____	Other \$ _____
Food Stamps \$ _____	Total \$ _____

Please list monthly expenses (necessity expenses only).

Mortgage/Rent \$ _____	Utilities \$ _____	Child Care (non-YMCA) \$ _____
Medical Costs \$ _____	Child Support that you pay \$ _____	
Alimony that you pay \$ _____	Total Monthly Expenses \$ _____	

**Please note that cell phones, credit cards, and other non-necessity expenses will not be included in determination.*

Comments: _____

I certify that my annual household income and number of dependants (if any) are \$_____ and _____, respectively. I certify that the information provided is true and complete to the best of my knowledge. I agree to notify the YMCA if my financial status changes. I also certify that I have read and understand the guidelines that must be adhered to in order to retain my scholarship (if awarded). I understand that not abiding by these guidelines can result in a termination of my scholarship.

All applications must be completed and have the necessary supporting documents attached (copies only). This application will not be processed otherwise. The North Central Florida YMCA will notify you of our decision within 14-21 days. Again, thank you for your support and we look forward to serving your family.

Signature of Applicant

Date

YMCA OFFICE USE ONLY

Date Received: _____	Date Processed: _____
Effective Date: _____	Expiration Date: _____
Percentage Awarded: _____%	Processed By: _____
Notes: _____	

North Central Florida YMCA



Scholarship Recipient's Frequently Asked Questions and Guidelines

1. How do I get the scholarship application? Scholarship applications are available at any North Central Florida YMCA branch location's front desk. Scholarship Application can also be downloaded from our website www.ncfymca.org.

2. How are scholarship awards determined? YMCA scholarship guidelines are based on Federal Poverty Levels. The scholarship is awarded based on GROSS household income, including all non-employment income such as child support, alimony, SSI and disability, retirement, etc.

3. What do I need to provide for eligibility of a scholarship? To be eligible for a YMCA scholarship all adult members of the household must be currently employed. You must provide picture identification. You must complete the scholarship application form with ALL required documents (INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED).

4. How much of a scholarship can I receive? The maximum amount of award is 50%. The YMCA utilizes a sliding fee scale which will determine the amount of scholarship that may be awarded. Due to limited allocations a predetermined amount of scholarship money will be awarded each year, not all applicants will receive a scholarship.

5. What happens when my scholarship expires? Scholarships are generally awarded for a period which will be indicated on your card. You will not receive any additional information regarding the expiration of the scholarship; it is your responsibility to renew if so desired. Approximately two months prior your expiration date you will need to send in a renewal application. Only one renewal application is allowed per calendar year. After your renewal scholarship expires a completely new application is required. If you no longer need the scholarship you can simply let it expire.

6. What if my circumstances change before my scholarship expires? If your household income changes drastically, you may contact us to see if the changes will affect your award.

Tips and Guidelines once a scholarship is awarded:

- You must continue to pay full amount for services until blue card scholarships are received in the mail. All recipients must bring blue scholarship card to the YMCA facility when making a payment. Participants without their card will be denied their discount.
- Once you accept the scholarship as a discount no other YMCA discount can be applied. This includes second child discount, automatic payment incentives, corporate discounts, etc.
- Your scholarship will be terminated at the request of the program director if payments are received late or membership dues are not received.
- You **may** use the scholarship for both programs and membership. You will **not** have to choose one or other.
- Other subsidy programs cannot be combined with the scholarship such as Early Learning Coalition, Gateway, Childhood Development Services etc.
- Delinquent charges at one YMCA facility will result in denial of scholarships at all NCF YMCA facilities.