

FOR OFFICE USE ONLY

Application Reviewed on \_\_\_\_\_

By: \_\_\_\_\_

θ Approved: Amount: \$ \_\_\_\_\_ % Reduction \_\_\_\_\_

Notified: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Membership Type : \_\_\_\_\_

Payment Plan: \_\_\_\_\_

Programs: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ % Reduction \_\_\_\_\_

Childcare Accounting notification: \_\_\_\_\_

θ Denied Reason: \_\_\_\_\_

Notified: \_\_\_\_\_

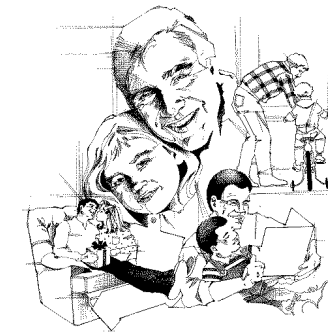
Notes



**YMEMBERSHIP**  
We build strong kids, strong families, strong communities.



**Pocono Family Y M C A**  
**Application for Financial Scholarship**  
**Opening Doors for Everyone.**



It is the policy of the Pocono Family YMCA to provide services for any person who desires to participate and understands the benefits of the YMCA, regardless of their ability to pay the standard membership or program fees. Those not able to pay the full fee may be awarded partial assistance based on their demonstrated need. Each year we receive money through United Way donations and through our own Annual Support Campaign.

These monies are made available to area residents who otherwise could not afford our services. Scholarships will be granted based on the basis of financial need, when funds are available. Awards of these scholarship monies are based exclusively on ability to pay without regard to race, gender, marital status, ethnic background or any other consideration.

The total household net income guidelines used by the Pocono Family YMCA will be used as initial eligibility criteria. The YMCA believes a strong sense of ownership and pride is developed if the scholarship recipient contributes to the cost of their YMCA involvement; therefore applicants may be asked to pay a portion of the membership or program fees.

Please fill out the following information and attach the necessary documents (photocopies only) and return to the Member Services, Pocono Family YMCA, 809 Main Street, Stroudsburg, PA 18360. Incomplete or vague information will delay processing.  
**(This form will not be considered without proof of income and expenses requested)**  
**\*\*\* W-2 FORMS ARE NOT ACCEPTABLE PROOF OF INCOME!!!!\*\***

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

I certify that the information contained in this application is true and accurate.

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

Date of Application		Social Security Number:	
Place of Employment:		Home Phone:	
Address:		Work Phone:	
City:		How Long at Place of Employment?	
State:		Date of Birth	

	Spouse/Child(ren)'s Name	Age	School/Employer	Birth Date
2				
3				
4				
5				

Use separate sheet for additional space

Are you a single-parent household?       Yes       No

**Application for Financial Assistance is for:**

Membership: Youth  Teen  Adult  Family  Senior  Senior Family

Program

Child Care : Day Care  LatchKey  PreSchool

Which Child: \_\_\_\_\_

Other: \_\_\_\_\_

**\*If this application is for Day Care or LatchKey, you must have been denied entitlement benefits from the Pennsylvania State Department of Human Services. Please attach your denial letter with this application.**

Have you ever applied for scholarship assistance before at the YMCA?       Yes       No

If yes, which YMCA and what for?

\_\_\_\_\_

\_\_\_\_\_

**Present total household net income (after expenses) income level is:**

- Under \$3000
- \$3001 to \$5000
- \$5001 to \$7000
- \$7001 to \$9000
- \$9001 to \$11,000
- \$11,001 to \$13,000
- \$13,001 to \$15,000
- \$15,001 to \$17,000
- \$17,001 to \$19,000

What benefits do you see in having this scholarship to join the YMCA as a member or participant?

\_\_\_\_\_

\_\_\_\_\_

Why are you applying for scholarship assistance?

\_\_\_\_\_

\_\_\_\_\_

Are there any volunteer services are you interested in providing to the YMCA?

\_\_\_\_\_

\_\_\_\_\_

		<u>PLEASE ITEMIZE</u>		
<u>YOUR MONTHLY INCOME</u>			<u>YOUR MONTHLY EXPENSES</u>	
Wage, salaries, and tips	\$ _____		Housing (Mortgage/Rent)	\$ _____
Unemployment compensation	\$ _____		Child Care	\$ _____
Social Security compensation	\$ _____		Loans(student, car,etc)	\$ _____
Child Support	\$ _____		Utilities (cable, water, etc)	\$ _____
Aid to Dependent Children	\$ _____		Food (Estimate)	\$ _____
Food Stamps	\$ _____		Medical Costs	\$ _____
401K/Retirement Funds	\$ _____		Other Expenses	\$ _____
Alimony	\$ _____		<u>Please specify</u>	_____
Other	\$ _____		_____	_____
<b>TOTAL INCOME</b>	<b>\$ _____</b>		<b>TOTAL EXPENSES</b>	<b>\$ _____</b>

**SELECTION PROCESS:**

A review of the information form and possible personal interview with the applicant will determine financial assistance eligibility. The YMCA reserves the right to refuse assistance to any applicant. Once financial assistance is established, the YMCA reserves the right to retain any payments the applicant has made to date. The YMCA has the right to review the applicant's eligibility at any time.

If found that false information was presented the YMCA has the right to terminate the assistance immediately.

**YOU MUST ATTACH LAST YEAR'S IRS STATEMENT AND/OR YOUR SSI ALLOCATION STATEMENT TO VERIFY YOUR ANNUAL EARNINGS AND COPIES OF EXPENSES  
\*\*\* W-2 FORMS ARE NOT ACCEPTABLE PROOF OF INCOME!!!!\*\*\***

**DID YOU INCLUDE:**

LAST YEAR'S IRS FORM 1040? \_\_\_\_\_ COPIES OF ALL INCOME SOURCES? \_\_\_\_\_

SSI AND / OR DISABILITY STATEMENTS? \_\_\_\_\_ COPIES OF ALL EXPENSES? \_\_\_\_\_

DID YOU SIGN THE FORM? \_\_\_\_\_