

Athens YMCA

“Program Scholarship Application”



“There’s No Need to be Left Out”

915 Hawthorne Ave.
Athens, GA 30606
(706) 543-6596
Fax: (706) 543-9313

ATHENS YMCA
FINANCIAL ASSISTANCE PROGRAM

Thank you for your interest in the Financial Assistance Program at the Athens YMCA. Financial assistance is made available through the support of generous YMCA donors. We will, to the fullest extent of our resources waive, or reduce program fees for those in need without regard to race, color, sex, or national origin.

Scholarships are limited and are not available for all YMCA programs and activities. Assistance is awarded on a first come first served basis.

Please complete the attached application and attach the requested documentation. Incomplete application will not be reviewed but will be returned to you for what is needed. Applications are retained by the Y and are treated with the utmost confidentiality. Return the application and documents to me in a sealed envelope. You will be notified of our decision within 45 days of receipt of your application. After you have been approved, applications and requests will be evaluated on at least a six month basis. You may be asked to submit new or additional information at that time.

Again, thank you for your cooperation and interest in the Athens YMCA.

Sincerely,

Kirk L. Eich
Executive Director

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



Athens YMCA

GUIDELINE FOR FINANCIAL ASSISTANCE

1. Applications for financial assistance are submitted to, reviewed and recommended by the Executive Director.
2. Each application for assistance will be documented and recorded in a confidential file.
3. Financial assistance may be extended to individuals or families:
 - a. experiencing extreme temporary or long term financial hardship (i.e. medical emergency, drastic change in family income, etc.)
 - b. on public assistance, welfare, or are low income.
 - c. meeting the criteria set by the YMCA determined by a sliding scale based on income/family size.
4. Referrals from social service agencies, Department of Public Welfare, religious institutions, schools, etc., are preferred.
5. All information will be held in complete confidence and will be seen only by the YMCA director involved.
6. After you have been approved, applications and requests will be evaluated on a six month basis. Applicants may be asked to submit new or additional information at that time.
7. Assistance for programs may be limited and awarded on a first come, first serve basis. Financial assistance is not available for all YMCA programs.

Athens YMCA

Application for Financial Assistance

Please fill out the following information and attach the necessary documents (photocopies only) and return to the Executive Director, Athens YMCA. A letter stating your reason for your request for scholarship assistance must accompany this application. Balance of the allocation for financial assistance must be paid in full. Exceptions are made only by the Executive Director. Please print all information.

Date of Application: _____
Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ Place of Employment: _____
Zip Code: _____ Subdivision/Apt. Complex: _____
Age: _____

<u>Spouse/Child(ren)'s Name</u>	<u>Age</u>	<u>School/Employer</u>	<u>Birth Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a single-parent household? ____ Yes ____ No

What program are you applying for? _____

Have you ever applied for scholarship assistance before at the Athens YMCA?

____ Yes ____ No

If yes, which program: _____

Your present income level is:

- ___ Under \$8,000.00
- ___ \$8,001 to \$12,000
- ___ \$12,001 to \$15,000
- ___ \$15,000 to \$18,001
- ___ \$18,001 to \$20,000
- ___ \$20,001 to \$25,000
- ___ \$25,000 to \$30,000
- ___ Over \$30,000

What is the dollar amount that you are willing to pay or have the ability to pay each month?

Program \$_____ per session

Why are you applying for scholarship assistance?

What volunteer service can you provide to the YMCA?

Please itemize your monthly income and expense items

	INCOME	EXPENSE
Wage, salaries & tip	\$ _____	\$ _____
Rent/Mortgage	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Social Security compensation	\$ _____	\$ _____
Food	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Aid to Dependent Children	\$ _____	\$ _____
Phone	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Automobile	\$ _____	\$ _____
401 K/Retirement Funds	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Other	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Medical	\$ _____	\$ _____
Other	\$ _____	\$ _____

TOTAL INCOME \$ _____

TOTAL EXPENSE \$ _____

Please submit verification of the following:

- Special expenses (as above)
- Three most recent payroll stubs including year to date earnings
- A copy of last year's income tax form
- A copy of unemployment income
- A copy of child support and/or alimony checks
- Proof of mortgage or rent payments
- Proof of automobile payment(s) (if applicable)

I certify that the information on this application is true and complete to the best of my knowledge.

I understand the verification documents must be submitted or my application cannot be processed.

Applicant's Signature

Date of Application

Please allow a minimum of four to six weeks before this application can be processed and approved (or denied) by the Executive Director. You will be contacted thru the mail as to the status of your application.

Giving Back and Doing Something Good!

YES! In appreciation of the Athens YMCA's Financial Assistance, I'd like to volunteer my time.....*

and help the Athens YMCA as they continue to build strong kids, strong families and strong communities. I understand many volunteer opportunities arise throughout the year, from special projects to ongoing needs. Here's more about me:

Name:

Address: _____

City: _____

State/Zip: _____

Phone: _____

I am available during the following days and hours:

I have the following special interests/skills:

Financial assistance granted in the following program - Please Circle One:

Program

Camp

*All volunteers are required to complete an application and background check.