



Newberry County Family YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

People Helping People Scholarship Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Newberry County Family YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

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 **People Helping People Scholarship Program**, the Newberry YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the YMCA in a fair and consistent manner. 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.

*A Scholarship reduces membership fees; it does not eliminate them.

All Scholarships will be granted for 12 months.

The YMCA requires that individuals and families reapply annually, with updated documentation.

Membership fees are subject to change when you reapply.

If you do not reapply at the time required, your membership & programs will revert back to the full price.

Please contact us if you have any questions.



newberryymca.org

People Helping People Scholarship Application

Apply for a People Helping People Scholarship in 5 easy steps! (Please allow two weeks for processing)

1 APPLICANT INFORMATION

Name _____

Mailing Address _____

City _____

State _____ ZIP Code _____

Home Phone () _____

Cell Phone () _____

Email _____

If an applicant is under 18: Parent's or legal guardian's name _____

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

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

<input type="radio"/> Parent/Guardian/Adult	
<input type="radio"/> Parent/Guardian/Adult	
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Other dependent(s)	Age(s) _____

I AM APPLYING FOR

Check category for which you are applying

- YOUTH
- COLLEGE
- INDIVIDUAL
- FAMILY
- SENIOR (62+)
- SENIOR COUPLE
- SWIM TEAM
- AFTER SCHOOL
- SUMMER CAMP
- SWIM LESSONS
- SPORTS

FOR CHILDCARE APPLICANTS ONLY

Who has custody of the child(ren)?

- Joint Mom Dad Foster
Guardian I do not have custody

Parent/Guardian #1

- At Home Working In School

Parent/Guardian #2

- At Home Working In School

4 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

and

ALL PAST DUE BALANCES MUST BE PAID IN FULL PRIOR TO APPLYING

1040 Federal Tax Form(s) for all incomes in household

I am an individual filing jointly; I am providing ONE 1040 form

We filed more than ONE tax form in our household; We are providing _____ 1040 forms.

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

If you do not file federal taxes, please call 1-800-829-3676 for a verification letter.

Documents showing most recent 30 days of income (including pay stubs and documentation of government assistance)

\$ _____ x 12 = _____
30 DAYS INCOME MONTHS

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!

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 sponsorship assistance is based on need. In the event that 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.

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Signature of person completing this form _____

Date _____

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

For Office Use Only

APPROVED YES NO

MEMBERSHIP %

PROGRAM %

STAFF NAME DATE

AWARD LETTER IS VALID FOR 30 DAYS.

TELL US MORE... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

I want/need a YMCA People Helping People Scholarship because: