



Canton Family YMCA

Scholarship Application Process

Mission: The Canton Family YMCA is an association of members committed to enhancing the well-being of youth, adults, seniors and families through quality programs and facilities.

The YMCA, based on Christian values, provides activities that promote healthy lifestyles and encourage the development of spirit, mind and body.

Purpose: The Canton Family YMCA provides financial assistance in the form of reduced fees for memberships for those who qualify. Aid is granted based on financial need. Determination of assistance is based on the information you provide on this form.

Members must reapply annually.

To apply, you must provide the Y with supporting documents from one of the three buckets below:

Bucket #1

Most current 1040 or
non-filing letter
(from the IRS)

IRS Office: (844) 545-5640

Bucket #2

3 most recent pay
stubs
SNAP Statement

Bucket #3

Non-filing letter
(from IRS)
Social Security
Statement, Child
Support Order, Link
Card Statement

Cell Phone Number: _____ Email: _____

Office Use Only

Date Received: _____

Email/Letter Sent: _____

Application Expiration Date: _____

Financial Assistance Form:

New Member

Renewal of Membership

I am applying for assistance on-

Membership

Program

Head of Household's Name: _____ **Birthdate:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

Marital Status: _____ **Employment Status:** _____

Number in household-	Adults	Youth
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Please list all who reside in your household:

First & last name:	Gender:	DOB:	Phone Number & Email (if applicable)

Please list any Special Medical Information: _____

Please list Emergency Contact Information:

Phone: _____ **Relationship:** _____

Company: _____ **Phone:** _____

If unemployed, where did you last work and when?

Are you on a temporary layoff? Permanent layoff?

Are you on a temporary layoff? _____ Permanent layoff? _____

Company: _____ **Phone:** _____

If unemployed, where did you last work and when? _____

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Monthly income of everyone in the household:

Wages, salaries, and tips	\$	Unemployment	\$
Social Security	\$	Supplement Soc. Security	\$
Child Support	\$	Aid to Dependent Children	\$
Food Stamps	\$	Alimony	\$
Foster Child Care	\$	Other	\$
Total Family Income as reported on last year's 1040:			

If you have no income, how are you paying your monthly expenses? _____

Expenses per month:

Housing	\$	House/Renter Insurance	\$
Auto	\$	Auto Insurance	\$
Gasoline	\$	Utilities	\$
Water	\$	Phone home/cell	\$
Food	\$	Credit Cards	\$
Medical	\$	Medical Insurance	\$
Installment Payments	\$	Alimony	\$
Child Support	\$	Other/Cable/Internet	\$

**All information given to the best of my knowledge is correct and may be verified by the
Canton Family YMCA.**

Signature**Date**

What benefits do you see in having a YMCA Membership? _____

What circumstances make it necessary for financial assistance? _____

What areas of the YMCA are you interested in? _____

How did you learn of our financial assistance program? _____

Financial Support Terms and Conditions:

1. Regardless of participation, I am responsible for paying my monthly dues for the duration of my approval period.
2. Members with outstanding balances will not be allowed to participate in programs or membership until paid in full.
3. I will notify the YMCA of any address changes, phone number, or email address during the course of my membership.
4. The current approval rate is valid for 12 months. After 12 months, my account will auto-terminate, and I will complete a new application.
5. All Memberships, including Financial Support, are required to have a billing method on file to draft monthly membership dues. Membership drafts occur on the 1st or 15th of each month. Exceptions will be made solely at the discretion of YMCA Leadership.
6. Applications will remain pending for 30 days from the date the approval letter/email was received. Without a response within this period, you will need to restart the application process.

I hereby agree to the following terms and conditions. My signature below represents my understanding of each statement above.

Signature

Please return a "Thank You" note to the Sponsors

Date