



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Scholarship Application

Mission Statement

The YMCA is a charitable association founded on Christian principles, open to all, and dedicated to building a healthy spirit, mind, and body through diversified programming.

Policy Statement

It is the policy of the YMCA to provide facilities, programs and services for individuals and families who desire to participate and understand the benefits of the YMCA, regardless of ability to pay the standard fees. Those not able to pay full fees may be awarded partial assistance based on their demonstrated ability to pay and the YMCA's ability to fund the subsidy. Scholarship funds are raised through the YMCA's Strong Kids Campaign. Specific dollar amounts are allotted to different programs and services; therefore, funds are limited.

Eligibility

1. Assistance will be granted on the basis of financial need through the application process. **All rates and fees are to be kept confidential, as they are specific to individual circumstances.**
2. Scholarships will be reviewed for eligibility yearly.

Application Process

Scholarship eligibility is determined based on a thorough review of the application and supporting documentation.

1. Complete the application and provide documentation of income. **APPLICATIONS WITHOUT DOCUMENTATION WILL NOT BE PROCESSED.** The following documentation is **REQUIRED** WITH YOUR APPLICATION:
 - **Federal Tax Return** (i.e. 1040, 1040A, 1040EZ) **AND**
 - One other form of documentation of income:

**Last 2 consecutive pay stubs for each wage earner
Social Security Annual Benefits Statement
Unemployment Benefit Statement**

Note: If married, documentation must be submitted for both spouses.

2. If you receive child support, food stamps, Department of Social Services financial assistance or other assistance, provide documentation of this assistance.
3. Documentation of extenuating circumstances to be considered (medical treatment, education costs, unemployment, etc.)
4. Return your information to the Welcome Center, in an envelope marked Confidential.
5. Your application will be processed within 14 days and you will be notified by mail of your eligibility. Based on a thorough review of the application determines eligibility. If necessary, a personal interview with the applicant may be requested.
6. To accept a scholarship offer, bring your letter to the Welcome Center with any applicable fee and/or bank information.

YMCA of Dodge County

220 Corporate Drive, Beaver Dam WI 53916
P 920 887 8811 F 920 887 9298 www.theYdc.org

Frequently Asked Questions

1. For what programs will assistance be given?

YMCA programs, Memberships, Childcare, Club Wannago, Swim Lessons and Sports.

2. I receive assistance from the county do I qualify for scholarship?

You will qualify for a scholarship, but you will not be able to use scholarship and county assistance for daycare.

3. Why does the YMCA request financial information?

Financial information is requested in an effort to ensure that assistance goes to those who need it most. With information on income, aid can be awarded in a fair and consistent manner.

4. Who will see the information?

Scholarships applications are confidential. Applications are processed and reviewed by the Business Manager.

5. How long will assistance continue?

The scholarship year runs from May 1st until April 30th of the following year. At the end of the scholarship year, the applicant must reapply to determine if assistance is still needed or will remain the same.

6. Do I have to become a member to receive a Scholarship?

You do not need to become a member to utilize your scholarship monies. You may be a program member.

7. Do I have to live in Dodge County to use the YMCA and Scholarship?

You do not have to live in Dodge County. You just need to live in the surrounding areas.

**To expedite your application, be sure to include all required documentation.
Applications submitted without documentation will not be processed.**



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Confidential Application

Are you applying for Membership Assistance? Please circle appropriate membership type:

Family Youth (6-12) Adult Teen (13-19)
Single Parent Family (legally single) Senior Adult Senior Family

- *Maximum assistance on Membership and Joiner's fee is 85%
- *Maximum assistance on Swim Lessons and Youth Programs is 70%
- *Maximum assistance on Childcare and Half day preschool is 20%

GENERAL INFORMATION

Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Home Address: _____

Employer: _____ Phone: _____

Employer Address: _____

Marital Status Single Married Separated/Divorced Widowed

Spouse's Name: _____ Date of Birth: _____

Spouse's Employer: _____ Phone: _____

Employer Address: _____

Dependents

Name _____ Sex _____ Date of Birth _____

Name _____ Sex _____ Date of Birth _____

Name _____ Sex _____ Date of Birth _____

Name _____ Sex _____ Date of Birth _____

Name _____ Sex _____ Date of Birth _____

INCOME INFORMATION

The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of membership and programs fees. All fees are to be kept confidential, as they are specific to individual's circumstances.

ASSISTANCE IS BASED ON HOUSEHOLD INCOME. Please list and document all income

Annual Salary_____ Child Support (Amt. Paid or Received)_____

Spouse's Annual Salary_____ Alimony (Amt. Paid or Received)_____

Other Income_____ Number of Dependents_____

TOTAL ANNUAL GROSS INCOME (before taxes)_____

List and document any special circumstances that contribute to your request for scholarship (EX.: medical bills, unemployment, etc.) **Use additional sheet if necessary.**

MONTHLY EXPENSES

Please list expenses paid monthly. Use additional sheets if necessary.

Living Expenses:

Rent/Mortgage \$_____

Utilities (Total) \$_____

(Electric, Water/Sewer, Gas. **DO NOT** include cable, phone or computer lines/access.)

Vehicle Expenses:

Type of vehicle(s) _____
(Year/Make/Model)

Vehicle payment(s) \$_____

Vehicle Insurance \$_____

Other: (DOCUMENTATION OF THESES EXPENSES MAY BE REQUIRED)

Childcare \$_____

Insurance (Health, Life) \$_____

Medical/Dental Expenses \$_____ Monthly payment
(Not covered by insurance)

BY SIGNING THIS DOCUMENT I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE AND TRUTHFUL. I ALSO UNDERSTAND THAT IF ANY INFORMATION IS FOUND TO BE FALSE, THIS APPLICATION WILL BE IMMEDIATELY DENIED.

Signature _____ Date_____