

# YMCA of Dodge County Scholarship

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## 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. However, should financial problems arise, the YMCA will try to renegotiate fees and offer further assistance.

## Philosophy

It is our belief that the most committed YMCA members are also YMCA volunteers. We strive to involve as many members as possible in a volunteer role.

## Eligibility

1. Assistance will be granted on the basis of financial need through the application process. **All rate 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.** One of the following documentation is **REQUIRED** WITH YOUR APPLICATION:
  - Federal Tax Return (i.e. 1040, 1040A, 1040EZ)
  - 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. The Membership Director, 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.

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## Frequently Asked Questions

**1. For what programs will assistance be given?**

All 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 Membership Director.

**5. How long will assistance continue?**

The scholarship year runs from May 1<sup>st</sup> until April 30<sup>th</sup> 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.

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## *Confidential Application*

### Are you applying for Membership Assistance?

Please circle appropriate membership type:

Family	Youth (6-12)
Adult	College (full time college student)
Teen (13-19)	Senior Adult (60 years old or older)
Single Parent Family (legally single)	
Senior Family (60 years old or older)	

### And/OR Program Assistance?

Please circle the appropriate program:

Swim Lessons	Child Care
Half day Preschool	Youth programs

\*Maximum assistance on swim lessons and youth programs is 70%

\*Maximum assistance on Childcare and Half day preschool is 20%

## GENERAL INFORMATION

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_  
Street City/State/ Zip Code  
 Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City/State/Zip Code

Marital Status      Single      Married      Separated/Divorced      Widowed

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City/State/Zip Code

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

How did you hear of our assistance program? \_\_\_\_\_

The YMCA relies heavily on volunteers and encourages all members of the YMCA to participate and get involved. If you are interested in volunteering, please let us know in the space provided below.

Are you interested in YMCA volunteer opportunities?    Yes    No

If yes, in what area(s): \_\_\_\_\_

**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 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.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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**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 or computer lines/access.)

Telephone \$ \_\_\_\_\_

**Vehicle Expenses:**

Type of vehicle(s) \_\_\_\_\_  
 (Year/Make/Model)

Vehicle payment(s) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Vehicle Insurance \$ \_\_\_\_\_

**Other: (DOCUMENTATION OF THESE EXPENSES MAY BE REQUIRED)**

Childcare \$ \_\_\_\_\_

Insurance (Health, Life) \$ \_\_\_\_\_

Medical/Dental Expenses \$ \_\_\_\_\_  
 (Not covered by insurance) Monthly payment Total Balance Due

\$ \_\_\_\_\_  
 Monthly payment Total Balance Due

Education \$ \_\_\_\_\_  
 (Tuition and/or Loan(s)) Monthly payment Total Balance Due

**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