

# People Helping People Scholarship Application

### The Essence of the Y

With a commitment of putting Christian principles in to practice through programs that build a healthy spirit, mind, and body for all. The 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 no one should be denied access to the Y based on their ability to pay. Through our Scholarship Program, the Y provides assistance to youth, adults, and families based on individual needs and circumstances. Our scholarship program is a helping hand for those who need a hand.

### **Committed to Our Community**

Determining assistance needed is handled in a fair and consistent manner. Every Y member receives the same membership benefits regardless of whether or not they receive assistance. Y members can feel confident knowing they are a part of an organization that cares greatly for the well-being of all people. The Y is committed to youth development, healthy living and social responsibility.



Dear Applicant,

Thank you for applying for our scholarship program. Below we have complied general information to better your experience. If you have any questions beyond the information listed below, please feel free to contact Cherry (cherry@qapiedmontymca.orq or 706-856-9622).

- Our scholarship program reduces membership and program fees; it does not eliminate them.
- Outstanding balances on applicant's YMCA account will need to be paid before scholarship application can be processed
- It may take up to two (2) weeks for a completed scholarship application to be processed.
  - Uncompleted applications are subject to longer approval time
  - o Check email (if provided) and mail for information on scholarship application
- If approved, applicants will have thirty (30) days to activate their membership.
  - Once activated, the Scholarship will be valid for twelve (12) months.
- Applicants will need to reapply annually with updated information.
  - o If applicant does not reapply at time requested, the membership will expire.
- All fees paid are non-refundable.

Date Accepted:  Staff Initials:
PLEASE CIRCLE ONE:
New or Renewal
TYPE OF MEMBERSHIP APPLYING FOR: Check one
☐ Youth/Teen (3 months – 18 years old)
☐ One Adult (19- 64 years old)
☐ Household A (1 Adult + Dependents)
☐ Household B (2 Adults)
☐ Household C (2 Adults + Dependents)

NAME (PRINT)				
DATE OF BIRTH				
PREFERRED EMAIL				
MAILING ADDRESS				
CITY, STATE, AND ZIP CODE				
PRIMARY PHONE NUMBER				
BEST TIME TO CONTACT:				
□BEFORE or □AFTER	:	AM	OR	РМ

1	
FULL NAME	DATE OF BIRTH
RELATIONSHIP TO PRIMARY	
2	
FULL NAME	DATE OF BIRTH
RELATIONSHIP TO PRIMARY	
3	
FULL NAME	DATE OF BIRTH
RELATIONSHIP TO PRIMARY	
4	
FULL NAME	DATE OF BIRTH
RELATIONSHIP TO PRIMARY	
5	
:ULL NAME	DATE OF BIRTH

<b>EXTRA</b>	<b>ACTIV</b>	ITIES A	APPLYING	<b>FOR</b>
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 $\square$  AOA Couple (2 Adults w/one 65 or better, No dependents)

☐ AOA (One Adult 65 or better)

□ Soccer
$\Box$ Pryme Tyme (After School Care)
☐ Summer Day Camp
Swim Lessons
☐ Swim Team

# **TELL US MORE...**

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

	DOCUMENTS R	-	
☐ First Page of Feder	(Check all that ral Tax Return for Previous Year (1040)		
Retirement pension	ı letter	Unemployment	: Award Letter
☐ Fulltime College Stu	udents: Schedule C	□ Workman's Co	mpensation Award Letter
☐ Disability Award Le	etter	$\Box$ Social security	Award Letter
Copy of Current Pa		<ul><li>Income Supple</li><li>Department of</li></ul>	ment from Children Services
Any income no	of paystubs dianship for all dependents listed ot listed above	provide a Stat	se are unemployed please ement of Wages from abor (404–232–7300)
YMCA FAX: (706)	-376-1846	EMAIL: cherr	y@gapiedmontymca.ortg
certify the above informa epresented on this form. I orm. I understand that spo ontact the YMCA immedia	enewed every year with updated documents ation is true and complete to the best of my I agree, if necessary to send additional info onsorship assistance is based on need. In the lately so assistance can be provided to other ately forms of documentation and a new and	knowledge and I do not ha rmation and documentation he event that I or my depen rs. I understand that this so	to support the statements on thi dents cancel our membership, I wi holarship must be renewed yearly
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YMCA Mission: "To put Christian principles into practice through programs that build healthy spirit, mind, and body for all."