



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ALLEGHANY HIGHLANDS YMCA
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WELCOME TO ALL

People Helping People Scholarship

THE ESSENCE OF THE Y

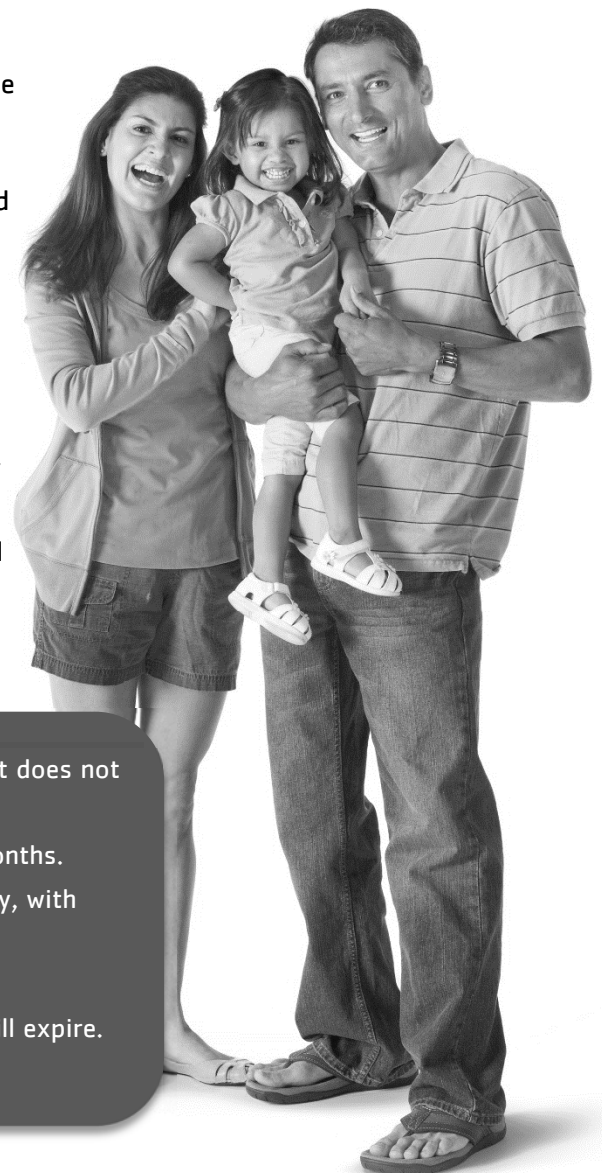
With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Alleghany Highlands YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The Y 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 Alleghany Highlands YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amount is handled by the Y in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive a scholarship. Y 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 People Helping People Scholarship reduces membership fees; it does not eliminate them.

All People Helping People Scholarships will be granted for 12 months.

The YMCA requests 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 requested, your membership will expire.

Please contact the Y if you have any questions.

People Helping People Scholarship Application

Apply for a People Helping People Scholarship in 5 easy steps!

1 APPLICANT INFORMATION

* Name _____

* Mailing Address _____

* City _____ * State _____ * ZIP Code _____

* Home Phone _____

* Cell Phone _____

* Email _____

If applicant is under 18 years, complete form with 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="checkbox"/> Parent/Guardian/Adult	
<input type="checkbox"/> Parent/Guardian/Adult	
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Other Dependent(s)	DOB _____

3 I AM APPLYING FOR

MEMBERSHIP	<input checked="" type="checkbox"/> Check Membership type for which you are applying
	STUDENT
	ADULT INDIVIDUAL (19-59)
	COUPLE
	SINGLE PARENT FAMILY One parent household with dependent children
	FAMILY
	YOUNG AT HEART (60+)
	YOUNG AT HEART X 2 Only 1 member needs to be 60+
	CHILD
	CAMP
OTHER	
PROGRAM	↓ FOR CHILD CARE & CAMP APPLICANTS ONLY ↓
	What other options for child care are available to you? _____
	Who has custody of child(ren)? <input type="checkbox"/> Joint <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> I do not have custody
	Parent/Guardian #1 <input type="checkbox"/> At Home <input type="checkbox"/> Working <input type="checkbox"/> In School Parent/Guardian #2 <input type="checkbox"/> At Home <input type="checkbox"/> Working <input type="checkbox"/> In School

4 TO QUALIFY FOR A SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS

↓ I FILED FEDERAL TAXES ↓ FOR LAST YEAR

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

OR

↓ I DID NOT FILE FEDERAL TAXES FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

Documents showing most recent 30 days of income (including pay stubs or 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 and 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 & TURN IN TO YOUR YMCA BRANCH MEMBER SERVICES DIRECTOR OR CHILD CARE CENTER IF ASSISTANCE IS FOR CHILD CARE

FOR OFFICE USE

APPROVED **YES** **NO**

YMCA _____% YOU _____%

JOIN TODAY FOR \$ _____ per month

STAFF NAME _____ DATE _____

AWARD LETTER IS VALID FOR 30 DAYS. Payment plans are available. YMCA STAFF: Return financial documents to applicant. Copy this form & give to applicant.

TELL US MORE...

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

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