



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

A PLACE FOR ALL



Income-Based Scholarship Application

OUR MISSION: At the Y, strengthening community is our cause. Every day we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive.

WHO QUALIFIES? The Y will honor anyone who needs financial assistance. The percentage of discount is determined by household income and number of people living in the home. The scholarship covers membership, programming and childcare as applicable.

MEMBERSHIP SCHOLARSHIP AWARDS

GROSS ANNUAL INCOME	NUMBER OF PERSONS IN HOUSEHOLD								
	1	2	3	4	5	6	7	8	9+
<\$13,590	85%	85%	85%	85%	85%	85%	85%	85%	85%
\$13,590	75%	85%	85%	85%	85%	85%	85%	85%	85%
\$23,030	65%	75%	85%	85%	85%	85%	85%	85%	85%
\$27,750	55%	65%	75%	85%	85%	85%	85%	85%	85%
\$32,470	45%	55%	65%	75%	85%	85%	85%	85%	85%
\$37,190	35%	45%	55%	65%	75%	85%	85%	85%	85%
\$41,910	25%	35%	45%	55%	65%	75%	85%	85%	85%
\$46,630	15%	25%	35%	45%	55%	65%	75%	85%	85%
\$51,350	10%	15%	25%	35%	45%	55%	65%	75%	85%
\$56,070	10%	10%	15%	25%	35%	45%	55%	65%	75%
\$60,790	10%	10%	10%	15%	25%	35%	45%	55%	65%
\$65,510	10%	10%	10%	10%	15%	25%	35%	45%	55%
\$70,230	10%	10%	10%	10%	10%	15%	25%	35%	45%
\$74,950	10%	10%	10%	10%	10%	10%	15%	25%	35%
\$79,670	10%	10%	10%	10%	10%	10%	10%	15%	25%
\$84,390	10%	10%	10%	10%	10%	10%	10%	10%	15%

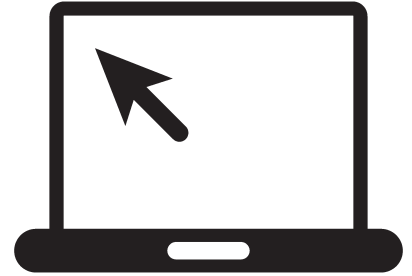
PROGRAM SCHOLARSHIP AWARDS

GROSS ANNUAL INCOME	NUMBER OF PERSONS IN HOUSEHOLD								
	1	2	3	4	5	6	7	8	9+
<\$13,590	50%	50%	50%	50%	50%	50%	50%	50%	50%
\$13,590	50%	50%	50%	50%	50%	50%	50%	50%	50%
\$23,030	45%	50%	50%	50%	50%	50%	50%	50%	50%
\$27,750	40%	45%	50%	50%	50%	50%	50%	50%	50%
\$32,470	35%	40%	45%	50%	50%	50%	50%	50%	50%
\$37,190	30%	35%	40%	45%	50%	50%	50%	50%	50%
\$41,910	25%	30%	35%	40%	45%	50%	50%	50%	50%
\$46,630	20%	25%	30%	35%	40%	45%	50%	50%	50%
\$51,350	10%	20%	25%	30%	35%	40%	45%	50%	50%
\$56,070	10%	10%	20%	25%	30%	35%	40%	45%	50%
\$60,790	10%	10%	10%	20%	25%	30%	35%	40%	45%
\$65,510	10%	10%	10%	10%	20%	25%	30%	35%	40%
\$70,230	10%	10%	10%	10%	10%	20%	25%	30%	35%
\$74,950	10%	10%	10%	10%	10%	10%	20%	25%	30%
\$79,670	10%	10%	10%	10%	10%	10%	10%	20%	25%
\$84,390	10%	10%	10%	10%	10%	10%	10%	10%	20%



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Instructions to complete PDF Application

1. Click in the Title Field at the beginning of the document and select the correct title
2. Continue to tab to complete each section of the application that applies to you
3. Once all of the information is inserted correctly you will need to add your signature to the bottom of the document. Follow these steps:
 - a. Click the pen  at the top of the screen
 - b. Select Add Signature 
 - c. You may type or draw your signature, First and Last Name
 - d. Click "Apply"
 - e. Your signature will become your mouse cursor, move it to the Signature line and click to apply it.
4. Insert the signature date
5. Click the  button at the bottom of the application, this will prompt you to send via email to fa@valpoyymca.org.
6. You will have 30 days to provide the supporting documentation for your application. You may email me a copy of the documentation or bring it into the facility.



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VALPARAISO FAMILY YMCA

APPLICATION FOR INCOME-BASED SCHOLARSHIP

MY INFORMATION:

Title:	First Name:	M.I.:	Last Name:
Gender:	D.O.B.:	Employer:	

MAILING ADDRESS:

CONTACT INFORMATION:

Street:	Primary Phone:
City:	State:
Zip:	Email Address:

APPLICATION REQUEST

MEMBERSHIP TYPE:

- 2 Adult Household
- 1 Adult Household
- 2 Senior Adults
- 2 Senior Adult Household
- 1 Senior Adult (Ages 65+)
- 1 Senior Adult Household
- 1 Adult (Ages 27-64)
- 1 Youth Adult (Ages 19-26)

ADDITIONAL ASSISTANCE TYPE: (select all that apply):

- Programming
- Childcare



EMERGENCY CONTACT:

Full Name:
Phone Number:
Relationship:

INCOME:

- \$_____ Monthly Gross Income
- \$_____ Child Support
- \$_____ TANF/WIC/Food Stamps
- \$_____ Unemployment
- \$_____ Social Security
- \$_____ Retirement Pension
- \$_____ Alimony
- \$_____ Other

\$_____ Total Monthly Income x 12 =
\$_____ Total of Annual Income

HOUSEHOLD INFORMATION:

Name (Last, First):	Relationship to Applicant:	Age:



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VALPARAISO FAMILY YMCA

APPLICATION FOR INCOME-BASED SCHOLARSHIP

TO QUALIFY FOR ASSISTANCE, PLEASE PROVIDE THE FOLLOWING INFORMATION: Please select only ONE of the documentation types listed below. (ALSO NOTE THAT WE CANNOT ACCEPT ORIGINAL DOCUMENTS, ONLY COPIES OF REQUESTED FINANCIAL DOCUMENTS.)

I FILED FEDERAL TAXES LAST YEAR

I DID NOT FILE OR MY HOUSEHOLD INCOME HAS
CHANGED SINCE I FILED MY FEDERAL TAXES LAST
YEAR



- ☐ 1040 Federal Tax Form(s) for all incomes in household
- ☐ I am an individual filing jointly; I am providing ONE 1040 form



- ☐ Documents showing most recent 30 days of income (including pay stubs and documentation of government assistance)

The YMCA is a place for ALL, we will always do our very best to accommodate every individual situation! Please do not hesitate to contact us if you have questions or circumstances not addressed in this application.

Membership Administrative Specialist
(219) 462-4185 ext. 355
fa@valpoyymca.org

Please provide a valid e-mail address where we can send a copy of your approval notification once your application has been processed.

E-MAIL: _____

I certify that the information provided on this application is completed to the best of my knowledge. If my situation changes, I agree to notify the YMCA within 30 days. If the information submitted is false or inaccurate, I understand that I will not be eligible for assistance now or in the future. I understand that I need to reapply and provide updated documentation after 12 months. (Please type your name and date of submission)

SIGNATURE: _____ DATE: _____

I agree to use the facility at least five (5) times per month as required. I understand that failure to meet this usage requirement may result in termination of my membership. I agree to make all membership payments on time in accordance with the payment policy. I understand that two consecutive missed payments which can happen after only 1 month, will result in membership termination. I understand that if my membership is terminated due to non-compliance with usage or payment policies, I will be ineligible to receive scholarship benefits for a period of 90 days. (Please type your name and date of submission)

SIGNATURE: _____ DATE: _____