



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?** ANYONE WHO APPLIES! 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 DISCOUNT

GROSS ANNUAL INCOME	NUMBER OF PERSONS IN HOUSEHOLD								
	1	2	3	4	5	6	7	8	9+
<\$12,760	85%	85%	85%	85%	85%	85%	85%	85%	85%
\$12,760	75%	85%	85%	85%	85%	85%	85%	85%	85%
\$17,240	65%	75%	85%	85%	85%	85%	85%	85%	85%
\$21,720	55%	65%	75%	85%	85%	85%	85%	85%	85%
\$26,200	45%	55%	65%	75%	85%	85%	85%	85%	85%
\$30,680	35%	45%	55%	65%	75%	85%	85%	85%	85%
\$35,160	25%	35%	45%	55%	65%	75%	85%	85%	85%
\$39,640	15%	25%	35%	45%	55%	65%	75%	85%	85%
\$44,120	10%	15%	25%	35%	45%	55%	65%	75%	85%
\$62,040	10%	10%	15%	25%	35%	45%	55%	65%	75%
\$71,000	10%	10%	10%	15%	25%	35%	45%	55%	65%
\$79,960	10%	10%	10%	10%	15%	25%	35%	45%	55%
\$88,920	10%	10%	10%	10%	10%	15%	25%	35%	45%
\$97,880	10%	10%	10%	10%	10%	10%	15%	25%	35%
\$106,840	10%	10%	10%	10%	10%	10%	10%	15%	25%

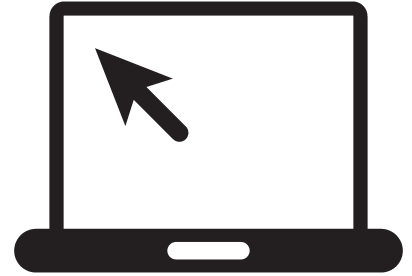
### PROGRAMMING & CHILDCARE DISCOUNT

GROSS ANNUAL INCOME	NUMBER OF PERSONS IN HOUSEHOLD								
	1	2	3	4	5	6	7	8	9+
<\$12,760	50%	50%	50%	50%	50%	50%	50%	50%	50%
\$12,760	50%	50%	50%	50%	50%	50%	50%	50%	50%
\$17,240	45%	50%	50%	50%	50%	50%	50%	50%	50%
\$21,720	40%	45%	50%	50%	50%	50%	50%	50%	50%
\$26,200	35%	40%	45%	50%	50%	50%	50%	50%	50%
\$30,680	30%	35%	40%	45%	50%	50%	50%	50%	50%
\$35,160	25%	30%	35%	40%	45%	50%	50%	50%	50%
\$39,640	20%	25%	30%	35%	40%	45%	50%	50%	50%
\$44,120	10%	20%	25%	30%	35%	40%	45%	50%	50%
\$62,040	10%	10%	20%	25%	30%	35%	40%	45%	50%
\$71,000	10%	10%	10%	20%	25%	30%	35%	40%	45%
\$79,960	10%	10%	10%	10%	20%	25%	30%	35%	40%
\$88,920	10%	10%	10%	10%	10%	20%	25%	30%	35%
\$97,880	10%	10%	10%	10%	10%	10%	20%	25%	30%
\$106,840	10%	10%	10%	10%	10%	10%	10%	20%	25%






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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 [jcook@valpoyymca.org](mailto:jcook@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
- 1 Senior Adult
- 1 Adult
- 1 Youth

#### 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



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

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



- ☐ 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.

Jennifer Cook  
(219) 462-4185 ext. 266  
jcook@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: \_\_\_\_\_

## THIS APPLICATION MUST BE UPDATED EVERY 12 MONTHS

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 and/or in the future. I understand that I need to reapply and provide update documentation after 12 months.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_