

Scholarship FAQ– Please read and initial when making appointment or if printed from our website please bring initialed form to appointment.

What do I need to apply for a scholarship? At the time of appointment you will need to bring in proof of all income from everyone in the household whether or not they are included on membership. These items include but are not limited to:

1. Most recent Federal Tax Returns and/or W2's for all in household
2. Documentation of Unemployment, S.S. or Disability Payments for everyone in household.
3. Child Support documentation
4. Public Aid/Government Assistance including documents showing food stamp amount.
5. Any other income or support (ex. letter from parent showing support), may require documentation of support person's income.
6. Two most recent pay stubs for everyone working in household.

IF YOU ARE FOUND TO BE WITHHOLDING OR MISREPORTING FULL HOUSEHOLD INCOME YOUR MEMBERSHIP WILL BE TERMINATED.

How do I make an appointment? Appointments are made at the YMCA Service Desk in advance-No Walk-Ins. If you are unable to make an appointment you must call and cancel a minimum of an hour BEFORE appointment time. People who do not show or call may not reschedule for a minimum of 30 days after a missed appointment. They must set up rescheduled appointment with the Membership Director. We have a limited number of appointment times so it is very important to be ON TIME and with ALL PAPERWORK AND PROOF OF INCOME and \$20 APPLICATION FEE. If you show up saying "I have no income" without any documentation of who is supporting you, you will not be seen.

Can I pay my assessed amount over-the counter? No, we no longer accept over-the counter payments for scholarship memberships. You may pay membership in full or have payments taken monthly from a checking, savings account, or a credit card that is not a debit card. If any form of payment is returned with insufficient funds the membership will be canceled immediately.

In the past I have received program scholarships, are those still available? We are concentrating our funding of scholarships primarily to provide memberships to the community. We are unable to provide program scholarships to those with less than the most extreme circumstances. These scholarships will be assessed by the same income criteria as our membership scholarships on a very limited basis. Areas in which request for assistance will be considered are Day Camp, Afterschool Program, and Preschool. Doctor requested exercise classes will also be considered.

I have read and understand that the application for an Income based membership is subject to the above instruction and will be provided to qualifying applicants in accordance to the Ottawa YMCA guidelines and funds available at time of application.

_____ Date _____



People Helping People Scholarship Application

Apply for an Ottawa YMCA Scholarship in 6 easy steps!

1 APPLICANT INFORMATION

| | | | |
|--|--------|----------|-------------------|
| Name | Gender | DOB | |
| Address | | | |
| City | State | Zip Code | Contact Phone () |
| E-mail | | | |
| Marital Status <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Single | | | |
| If an applicant is under 18: Parent's or legal guardian's name | | | |
| Parent/Guardian/Adult | Gender | DOB | |

2 ADDITIONAL PERSONS LIVING IN THIS HOUSEHOLD

| | | |
|------|--------|-----|
| Name | Gender | DOB |
| Name | Gender | DOB |
| Name | Gender | DOB |
| Name | Gender | DOB |
| Name | Gender | DOB |
| Name | Gender | DOB |

3 PERSONAL ASSETS

I own my home; Monthly Mortgage \$ I rent my home; Monthly Rent \$

Vehicles driven by members in this household: Year Make/Model Year Make/Model

4 I AM APPLYING FOR

MEMBERSHIP

| | | |
|------------------|---|---|
| √ | Check category for which you are applying | √ |
| FAMILY | ADULT (18+) | |
| SP FAMILY | YOUTH | |

FOR FAMILY & SP FAMILY APPLICANTS ONLY

Who has custody of the child(ren)?

Joint Mom Dad Foster Guardian I do not have custody

Parent/Guardian #1 At Home Working In School

Parent/Guardian #2 At Home Working In School

OTTAWA YMCA
 201 East Jackson St.
 Ottawa, IL
 (815) 433-2395



www.ottawaymca.org

5 TO QUALIFY FOR A SCHOLARSHIP, PLEASE PROVIDE THE FOLLOWING INFORMATION & DOCUMENTS:

Total Estimated Annual Household Income: _____

Please mark all that apply:

- I filed Federal Taxes for last year (must provide 1040 Federal Tax Forms for all incomes in the household)
- I did not file Federal Taxes for last year
(must provide documents showing most recent 30 days of income, including pay stubs or documentation of government assistance)
\$ _____ x 12 (Months) = \$ _____
30 DAYS INCOME TOTAL ANNUAL HOUSEHOLD INCOME
- I am receiving Unemployment Benefits \$ _____ (must provide Unemployment Compensation Benefit Statement)
- I receive Social Security Income; Monthly SSI Benefit \$ _____ (Must provide SSI Benefit Statement)
- I receive Child Support; Monthly Child Support _____ (Must provide order or proof)
- I receive Public Aid/Government Assistance; Monthly Assistance \$ _____
(Must provide supporting documentation, Food Stamps or TANF Benefit Statement, etc.)
- I have a State Medical Card or I have an All Kids Medical Card

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS OR LENGTH OF MEMBERSHIP!

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 in the above statements, I understand that scholarship assistance is based on need and is determined by using a sliding fee scale. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so scholarship assistance can be provided to others, I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future, I understand that my membership can be terminated should I not comply with YMCA rules and policies.

6 _____
Signature of person completing this form Date

Attach all applicable financial documents

TELL US MORE...

Use this space to for additional information or extenuating circumstances that were not included on this application, If you need more space, attach an additional sheet of paper,

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

FOR OFFICE ONLY

APPROVED YES NO 3 mos. 6 mos. 12 mos. YMCA..... % YOU.....%

JOIN TODAY FOR \$..... STAFF NAME..... DATE.....

AWARD LETTER IS VALID FOR 30 DAYS.

Payment plans are available on Bank Draft. YMCA STAFF: Return financial documents to applicant. Copy this form and give to applicant.