

FULTON COUNTY YMCA
Please print legibly and complete all areas

The purpose of the YMCA Scholarship Program is to provide opportunities for families and individuals in our community to participate in programs and memberships who are unable to pay full program and membership fees. Scholarships are awarded on a sliding scale and can be applied to a portion of the cost of the program or membership as designated. Scholarships are based on household gross income and household size.

ELIGIBILITY REQUIREMENTS:

1. Applicant must live in the Fulton County YMCA service area.
2. Scholarships are granted based on financial need resulting from low income or extenuating circumstances.
3. Scholarships are not intended to be used on an ongoing basis, they should be thought of as temporary assistance, not a life time award.
4. Previous money owed to the YMCA must be paid prior to the awarding of a scholarship.

APPLICATION REQUIREMENTS:

1. Complete the entire application.
2. Provide the following proof of income that pertains to **ALL** members of the household.
 - A. Two most recent pay stubs
 - B. Most recent Federal Income Tax Return or W-2
 - C. Unemployment Statement
 - D. Disability or SSI Statement
 - E. Workers Comp Benefit Statement

Applications will not be processed without the above documents

3. Turn in your completed application to the Fulton County YMCA.

All information submitted with this application will be kept confidential. Applications take approximately 21 days to be reviewed. You will be notified in writing of our decision.

Date Submitted: _____ Date Received: _____

Please fill out the following information and attach the necessary documents (photocopies only) and return to the Membership Desk.

HEAD OF HOUSEHOLD INFORMATION

Last Name	First Name	Middle Initial	
Street Address		Employer	
City	State	Zip	Work Phone
Home Phone	Date of Birth	Occupation	How Long

TOTAL NUMBER OF PERSONS RESIDING IN HOUSEHOLD

- A. Total Number of Children _____
 B. Total Number of Adults _____
 C. Total Persons in Household _____ (A+B)

MARITAL STATUS OF PRIMARY ADULT

- ____ Single ____ Married (living w/spouse) ____ Married (spouse absent)
 ____ Divorced ____ Legally separated ____ Widowed

SPOUSE OR CONTRIBUTING ADULT:

Name _____ Age _____
 Living in the same household ___ yes ___ no Occupation _____
 Name of Employer _____

OTHERS INDIVIDUALS LIVING IN THE SAME HOUSEHOLD (ROOMATES, RELATIVES)

Name _____ Age _____ Relationship _____

Child(s) Name(s)	Age	School	Birth Date

ARE YOU A CURRENT MEMBER OF THE FULTON COUNTY YMCA? _____

APPLICATION FOR SCHOLARSHIP PROGRAM IS FOR:

(Name of Family Members)

Membership Program (List _____) Other (List _____)

MONTHLY ITEMIZED INCOME

Wages, Salaries & Tips \$ _____

Unemployment Comp. \$ _____

Social Security Benefits \$ _____

Child Support \$ _____

State Subsidized Funding \$ _____

Disability \$ _____

Retirement/Pensions \$ _____

Alimony \$ _____

Other (any other source) \$ _____

Total Monthly Income \$ _____ Total Expenses \$ _____

PROOF OF INCOME MUST BE FURNISHED. Full-time students please attach proof of enrollment. Scholarship applications cannot be processed without proof of income.

What should we know about your circumstances as we consider your requests?

I hereby declare that the information provide is accurate and agree to supply additional informationif requested. I understand that falsification of information submitted will result in discontinuation of services provided and could require repayment of fees. I authorize the Fulton County YMCA to verify the above information. I understand that scholarships are not guaranteed and typically not granted for more than two consecutive years.

Signature of Applicant

Date



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**



**MAKING A
DIFFERENCE**

**THE FULTON COUNTY YMCA
SCHOLARSHIP PROGRAM**