



<b>RAPTOR SCAN</b>
DATE COMPLETE: _____
STAFF INITIALS: _____

# SCHOLARSHIP ASSISTANCE APPLICATION

Please print and complete this application.

- JIM & HEATHER GILLS YMCA:**
- MEMBERSHIP ONLY                       PROGRAMS ONLY  
 MEMBERSHIP & PROGRAMS                       MEMBERSHIP & SUMMER CAMP  
 SUMMER CAMP ONLY

\*If you are requesting a scholarship for Programs, please ask for our PROGRAM SCHOLARSHIP FORM where you may specify what programs you or your family members would like to enroll in\*

**MEMBERSHIP TYPE:**     FAMILY     SENIOR FAMILY (65+)     ADULT     SENIOR ADULT (65+)     YOUTH (under18)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

**SPOUSE/2ND ADULT NAME:** \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHILD(REN)'S NAME**

**AGE**

**DATE OF BIRTH**

<u>CHILD(REN)'S NAME</u>	<u>AGE</u>	<u>DATE OF BIRTH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE INDICATE GROSS MONTHLY HOUSEHOLD INCOME BELOW**

	<b>ADULT 1</b>	<b>ADULT 2</b>	<b>OTHER</b>
<b>EMPLOYMENT</b>			
<b>CHILD SUPPORT/ALIMONY</b>			
<b>SSI /DISABILITY</b>			
<b>FOOD STAMPS</b>			
<b>OTHER</b>			

I would be willing to give/submit a testimonial telling how the YMCA has impacted me / my family:

- Yes                       No

I would be willing to 'give back' and volunteer for the YMCA's annual Strong Kids Campaign which makes the scholarship program possible:

- Yes                       No

**The YMCA reviews sex offenders lists and reserves the right to do background checks on our participants.**

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.

X \_\_\_\_\_

**PARENT/GUARDIAN/ADULT SIGNATURE**

\_\_\_\_\_

**DATE**



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## SCHOLARSHIP ASSISTANCE APPLICATION

The YMCA of Greater St. Petersburg is a nonprofit organization committed to helping people reach their full potential in spirit, mind, and body. The funds available for scholarship assistance are made possible through the generous participation of our members, volunteers, and community donors in the Strong Kids annual fundraising campaign. The YMCA believes that a strong sense of ownership and pride is developed when the recipient has contributed to the cost of their YMCA involvement; therefore, you will be asked to pay a portion of the fees. Scholarship recipients are required to re-apply annually, at which time your fees are subject to change. If you do not reapply when requested, your enrollment may be terminated.

**Documentation of income for all adults in the household and proof of dependency of all children in the household is needed. Please use the following list for your reference.**

**All items that apply to you must be provided in order to process your application:**

- Three (3) most recent pay stubs.
- Copy of the 1st page of your most recent tax return (Form 1040 listing dependents). If you did not file a tax return, please explain in writing with your application. If you can not find your 1040 form, you may obtain a copy from the IRS by visiting [www.irs.gov](http://www.irs.gov) or calling 1-800-908-9946
- If you are self-employed, a copy of your business tax return must be submitted
- Any government assistance received such as: SSI/SSD, food stamps, housing subsidy, cash assistance, or unemployment. Documentation demonstrating your monthly or annual benefit/assistance amount is needed.
- Two (2) adults age 18 or older can be on the same membership unless additional adults are claimed as dependents, or if adult children are students living at home. All adults must report their income or provide proof of student status
- If you do not claim a child on your application as a dependent on your taxes, proof of guardianship or custody must be submitted to add them to your membership.
- Please provide a statement of support from whomever assists you financially, or a statement explaining how membership dues will be paid if you currently do not receive any income.

### WHAT HAPPENS NEXT?

A YMCA Director, based on a thorough review of the application, will determine financial assistance eligibility. Please allow approximately two (2) weeks to process your application. Please call **(727) 328-9622** to check the status of your application. You will be notified of your application status or if further documentation is required. For your convenience, you do not need to wait to receive a letter in the mail (if you prefer to receive notification via mail, please submit a request with your application materials). Applicants who do not qualify for assistance will be notified via mail. Scholarships will be awarded on a first come, first served basis, and will be subject to available resources.

### HOW DO I JOIN?

When you are ready to join, please bring your photo I.D. and a valid billing method for monthly automatic draft payment. Membership dues are drafted from a debit/credit card (Visa, Mastercard or Discover), or directly through a checking or savings account (please provide 1 voided check from the account) on the 20th day of each month. On the day you join, your joiner's fee and first month's pro-rate are due.