

Randolph-Asheboro YMCA
Application for Scholarship Assistance

Because the Randolph-Asheboro YMCA has a limited number of scholarships available, we strive to be selective by granting assistance to those most needing it. With this in mind, **please write a brief essay describing your circumstances, explaining your need of a YMCA financial aid scholarship.** Please be specific with your comments.

Once you qualify, the assistance is valid for six-months. The Board of Directors voted in July 2005 to limit the number of scholarships to 1 new and 3 renewals.

Thank you.

Randolph/Asheboro YMCA
Application for scholarship assistance

Financial Aid Scholarships are given to help those who are having short-term financial problems. Scholarships will be limited to three (3) renewals.

Please fill out the following information. Attach the necessary documents (**photocopies only**) and return to the Randolph-Asheboro YMCA, PO. Box 1152, Asheboro, N.C. 27203. An interview may be required prior to the approval of this scholarship application. Any exceptions made are by the executive director only.

Please print all information.

DATE: _____ **RANDOLPH COUNTY RESIDENT?** _____

YOUR NAME _____ **Birthday** _____

SPOUSE'S NAME _____ **Birthday** _____

ADDRESS _____

CITY/ZIP _____

HOME PHONE _____ **WORK PHONES (Yours)** _____ **(Your Spouse's)** _____

EMPLOYER _____ **SPOUSE'S EMPLOYER** _____

DEPENDENT CHILDREN NAMES **BIRTHDAY** **SCHOOL AND/OR PLACE OF EMPLOYMENT**
(Listed on Federal Income Tax Return)

DEPENDENT CHILDREN NAMES <small>(Listed on Federal Income Tax Return)</small>	BIRTHDAY	SCHOOL AND/OR PLACE OF EMPLOYMENT

Why are you applying for scholarship assistance? _____

Are you a single-parent (one adult living in the home) household? _____

Application for financial assistance is for: ___ Membership
 ___ Program
 ___ Childcare (Type _____)
 ___ Other: _____

If this application is for childcare, you must have been denied vouchers from the Child Division Development Program, Department of Human Services. Please attach your denial letter with this application. Your application cannot be processed until you submit a denial form.

What type of membership do you need? (Circle One)

Youth (18 and under) Adult (26-60 years) Young Adult (19-25 years) Single Parent (One parent family only) Family (Husband/wife/children) Senior (60 years) Senior Couple (Husband and Wife)

Gross income for your entire household must be reported. Even if a person in your household does not wish to be considered for membership, their income must still be included as part of your total household income. You must attach last year's Internal Revenue Service Tax return and/or your Social Security/ SSI allocation notice to verify your annual earnings.

Please itemize your monthly income and expense items:

INCOME		EXPENSE	
Wage, salaries, and tips	\$ _____	Rent/Mortgage	\$ _____
Spouse wages, salaries	\$ _____	Utilities	\$ _____
Unemployment compensation	\$ _____	Food	\$ _____
Social Security compensation	\$ _____	Clothing	\$ _____
Child Support	\$ _____	Phone	\$ _____
Aid to Dependent Children	\$ _____	Car/Insurance	\$ _____
Food Stamps	\$ _____	Alimony	\$ _____
401 K/Retirement Funds	\$ _____	Child Support	\$ _____
Alimony	\$ _____	Medical	\$ _____
Other	\$ _____	Other	\$ _____
Total Income	\$ _____	Total Expense	\$ _____

Check the scale below to see if you qualify for membership scholarship.

Annual Gross Family Income	0 Dependent	1 dependent	2 dependents	3 dependents	4 dependents	5 dependents
\$0 - \$8,000	50%	60%	65%	70%	75%	80%
\$8,001 - \$12,000	45%	50%	55%	60%	65%	70%
\$12,001 - \$17,000	0%	40%	45%	50%	55%	60%
\$17,001 - \$21,000	0%	30%	35%	40%	45%	50%

Check the scale below to see if you qualify for program scholarship.

Annual Gross Family Income	0 Dependent	1 Dependent	2 Dependents	3 Dependents	4 Dependents	5 + dependents
\$0 - \$8,000	50%	50%	50%	50%	50%	50%
\$8,001 - \$12,000	25%	50%	50%	50%	50%	50%
\$12,001 - \$17,000	0%	25%	25%	25%	50%	50%
\$17,001 - \$21,000	0%	0%	25%	25%	25%	25%

Have you applied for scholarship assistance at the YMCA before? ___ Yes No ___

If yes what volunteer service did you provide? _____

Approximately how many volunteer hours did you provide? _____

Volunteering is an essential part of our scholarship program. Scholarship recipients are asked to volunteer a small portion of their time to the Randolph-Asheboro YMCA in some way. Volunteering will help make possible continued financial assistance to those most in need, through the scholarship program. You may be contacted concerning the many volunteer opportunities we have available. We look forward to working with you!

What volunteer service can you provide to the YMCA? _____

What benefits do you expect from this scholarship as a member or participant? _____

Please allow a minimum of three weeks for this application to be processed and approved /denied by the YMCA. You will be contacted in writing from the YMCA as to the status of this application. If you have any questions, please feel free to contact the executive assistant at 625-1976. Thank You.

By signing below, I hereby certify that the information I provided is complete, accurate and up-to-date. I also agree to inform the Randolph-Asheboro YMCA if there is a change in my financial situation or family status within 30 days of the change.

Signature of Applicant

Date

Our mission is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.

THE YMCA SCHOLARSHIP POLICY

The policy of the YMCA scholarship is designed to ensure that YMCA services are accessible to everyone in the community and that no one is excluded because of the inability to pay. While participants are expected to pay their “**fair share**” of operating cost, those not able to pay the full fee may be awarded partial assistance **for a limited time** based on their demonstrated ability to pay and the YMCA’s ability to fund the subsidy and space available.

Whom do we serve?

- Deserving and needy youth who want to participate in:
 - After-school programs
 - Day camps and school holiday programs
 - Youth programs
 - Youth aquatic lessons
 - Youth sports and activities
- Youth and families on limited incomes, referred by doctors, schools, churches, and other agencies.
- Retirees who are on small fixed incomes.
- Single parent families with low income.

Scholarships are available to those who need the services provided by the YMCA, agree to abide by YMCA rules, and can and will make good use of YMCA programs and facilities. The YMCA will not discriminate against any applicant because of race, color or creed.

The YMCA is not staffed to provide professional counseling or therapy. We reserve the right **not** to accept referrals that require services the YMCA is not able to provide.

HOW TO REQUEST ASSISTANCE: Application forms may be picked up at the front desk. Total household income must be reported along with copies of Federal Income Tax return and/or SSI letter.

A monthly voucher or canceled check may be used as proof of income for those on assistance or disability.

Request may be turned in to the front desk staff. A final decision will be made on a case-by-case basis, taking into consideration income, number in family, and any special hardships such as sickness, etc. **Please allow 6 weeks for your request to be considered.** A letter will be sent to inform you of the decision.

TYPE OF ASSISTANCE:

Program assistance only: Program assistance allows you to be discounted on the non-member rate for programs. Program assistance allows you to be involved in a program only. Use of the facility is not included.

Membership assistance: Membership assistance allows you to be discounted on the membership rate as well as discounted on the member rate for programs. Full use of the facility is included in the membership assistance.