



# Randolph-Asheboro YMCA

## Investing in People Scholarship Application

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

### OFFICE USE

New  Renewal  Staff \_\_\_\_\_

Date Rec'd \_\_\_\_\_

### GENERAL INFORMATION

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

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

Cell \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

### ALL PERSONS LIVING IN HOUSEHOLD

Please check all family members applying for assistance, including yourself.

<input type="checkbox"/> Adult	DOB _____	M / F _____
<input type="checkbox"/> Adult	DOB _____	M / F _____
<input type="checkbox"/> Child	DOB _____	M / F _____
<input type="checkbox"/> Child	DOB _____	M / F _____
<input type="checkbox"/> Child	DOB _____	M / F _____
<input type="checkbox"/> Child	DOB _____	M / F _____
<input type="checkbox"/> Child	DOB _____	M / F _____
<input type="checkbox"/> Child	DOB _____	M / F _____

### APPLYING FOR

Youth (18 & under)

Young Adult (19-29)

Adult (30-59)

Couple  
(2 adults in one household)

Single Parent  
(1 adult & dependent children)

Household  
(2 adults, dependent children in one house)

Senior Adult (60+)

Senior Couple  
(2 adults in one house, one 60+)

Program: \_\_\_\_\_

### INCOME DOCUMENTATION

Documentation is required for all income sources not reflected on your Form 1040.

Salary, Wages, Tips (for all adults in home)

Unemployment (for all adults in home)

Social Security/Disability (all adults)

Child Support/Alimony

Rent Assistance

Food Stamps

Form 1040 Tax Return OR Letter of Non-Filing from IRS\*

\*Without submission of 1040 Tax Return or Letter of Non-Filing from the IRS, the maximum scholarship you can be awarded is 20%. You may obtain a Letter of Non-Filing by contacting the IRS at [www.irs.gov](http://www.irs.gov) or 800-908-9946.

### TELL US MORE

What would a Y membership mean to you? Do you have special circumstances that should be considered?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### READ AND INITIAL

\_\_\_\_ I affirm to the best of my knowledge that the information is true and complete. I understand that if I falsify any of the above information, I will not be eligible for assistance.

\_\_\_\_ I realize that my scholarship application will not be processed until all documentation has been provided.

\_\_\_\_ I understand I am responsible for any outstanding balances due to Randolph-Asheboro YMCA.

\_\_\_\_ I understand I am responsible for renewing this scholarship application every 6 months and I may be eligible for up to three (3) renewals.

\_\_\_\_ I promise to obey YMCA policies and rules, and I understand that my membership can be revoked at any time due to unsatisfactory behavior.

Applicant Signature \_\_\_\_\_