



Gaston County Family YMCA

Thank you for your interest in the **Gaston County Family YMCA**.

A Scholarship application is attached. Please complete this entire form, and carefully note the documentation requirements when preparing your application. (**Applications submitted without the required documentation cannot be processed.**) You may return your information to our Membership Service Desk:

Gaston County Family YMCA
Attn: Financial Assistance

Warlick Branch
2221 Robinwood Road
Gastonia, NC 28056
704.830.9622

Cherryville Branch
119 W. Main Street
Cherryville, NC 28021
704.445.9622

Stowe Branch
196 YMCA Drive
Belmont, NC 28012
704.822.9622

Pharr Branch
208 Main Street
McAdenville, NC 28101
704.824.1131

Once we have received and reviewed your application, along with its corresponding documentation, please allow **7-14** days for processing. At that time, you will receive an award letter in the mail regarding your eligibility.

Please contact us if you have any questions. We look forward to serving you.



Office Use Only	
Date Received	_____
Date Completed	_____
%	_____
PROG	_____

Gaston County Family YMCA
Scholarship Assistance Application

COMMISSION STATEMENT

The Gaston County Family YMCA welcomes all people who want to become members and program participants to our family. We strive to provide an opportunity for the entire community to become connected with our quality services, which are offered in a safe, Christian environment.

“Carry each other’s burdens, and in this way you will fulfill the law of Christ.” Galatians 6:2

POLICY STATEMENT

It is the policy of the YMCA to offer membership and program participation to all individuals and families who desire to experience the life-changing services provided through our organization. People who are not able to pay the standard membership and program fees may be awarded financial assistance based on their income and their demonstrated ability to pay. Scholarships may be limited by the resources available at the time the application is processed. Applying for Scholarship Assistance is completely confidential.

PHILOSOPHY

It is our philosophy that the most committed YMCA members are also YMCA volunteers. We strive to involve as many members and program participants as possible in volunteer opportunities.

ELIGIBILITY

1. Applicants must live or work in a YMCA branch service area.
2. Assistance will be awarded on the basis of financial need. All fees are to be kept confidential, as they are specific to individual and family circumstances.
3. Scholarship eligibility will be reviewed annually or as deemed necessary.

APPLICATION PROCESS

1. Complete the application and provide the following documentation. (Applications submitted without the required documentation cannot be processed.)
 - **Copy of Tax Return (for example: 1040, 1040A, 1040EZ)**
 - **One other form of documentation of income: Three consecutive pay stubs for each wage earner
Social Security SSI Green/Gold Checks Stubs
Unemployment Payments**
 - **Current copy of class schedule, if you are either a part- or full-time student.**

NOTE: If married, documentation must be submitted for both spouses.
2. Documentation of extenuating circumstances to be considered (for example: medical treatment, education costs, unemployment, etc.)
3. If renewing a scholarship, a one (1) page essay describing what the YMCA has meant to you and your family will be required.
4. Return your information to the Member Service Desk or mail it to the branch:
5. Your application will be processed within **7-14** days. At that time, you will receive a **Scholarship Certificate** in the mail regarding your eligibility.

MEMBERSHIP ASSISTANCE

Please check the appropriate membership category:

- | | | |
|--|--|---|
| <input type="checkbox"/> Student (12 & over) | <input type="checkbox"/> 1 Adult & Dependents | <input type="checkbox"/> 2 Senior Adults & Dependents |
| <input type="checkbox"/> 1 Young Adult (19-25) | <input type="checkbox"/> 2 Adults (26-61) | <input type="checkbox"/> 3-5 Adults |
| <input type="checkbox"/> 1 Young Adult & Dependents | <input type="checkbox"/> 2 Adults & Dependents | <input type="checkbox"/> 3-5 Adults & Dependents |
| <input type="checkbox"/> 2 Young Adults | <input type="checkbox"/> 1 Senior Adult (62 & up) | |
| <input type="checkbox"/> 2 Young Adults & Dependents | <input type="checkbox"/> 1 Senior Adult & Dependents | |
| <input type="checkbox"/> 1 Adult (26-61) | <input type="checkbox"/> 2 Senior Adults | |

SCHOLARSHIP ASSISTANCE**CONFIDENTIAL APPLICATION****Please check the program(s) that you desire a scholarship for:**

- | | |
|---|--|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Youth Sports |
| <input type="checkbox"/> Summer Day Camp (list site): _____ | <input type="checkbox"/> After-School (list site): _____ |
| <input type="checkbox"/> Other(s) _____ | |

GENERAL INFORMATION

Name _____ Date of Birth _____ Phone _____

Home Address _____
Street _____ City/State/Zip Code _____

Employer _____ Phone _____

Employer's Address _____
Street _____ City/State/Zip Code _____

Email Address _____

Marital Status _____ Single _____ Married _____ Separated/Divorced _____ Widowed

Spouse's Name _____ Date of Birth _____

Spouse's Employer _____ Phone _____

Employer's Address _____
Street _____ City/State/Zip Code _____

Please list the first and last name of all dependents, living in your household, which you claim on your federal tax return.

Name _____ Gender _____ Date of Birth _____

Name _____ Gender _____ Date of Birth _____

Name _____ Gender _____ Date of Birth _____

Name _____ Gender _____ Date of Birth _____

Name _____ Gender _____ Date of Birth _____



Are you currently a YMCA Member? No _____ Yes _____ If yes, at which branch _____

Are you currently receiving financial assistance from any other YMCA branch in our Association?

No _____ Yes _____ If yes, please explain _____

How did you hear about our scholarship program? _____

The YMCA relies heavily on volunteers. We encourage all of our members and program participants to get involved. If you are interested in volunteer opportunities, please let us know in the space provided below.

I would like to volunteer at the YMCA? _____ Yes _____ No

If yes, in what area(s) _____

INCOME/ EXPENSE WORKSHEET

The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of our membership dues and/or program fees. All rates are to be kept confidential, as they are specific to individual and family circumstances. Please list and document all income and expenses.

Income:

\$ _____ Your Gross Monthly Income
\$ _____ Spouse's Gross Monthly Income
\$ _____ Child Support (receiving)
\$ _____ Aid to Dependent Child(ren)
\$ _____ Welfare (submit copy of card)
\$ _____ Alimony (receiving)
\$ _____ Other (please explain)

Expenses:

\$ _____ Rent/ Mortgage
\$ _____ Utilities (total)
\$ _____ Telephone (listed in your name)
\$ _____ Vehicle Payment
\$ _____ Vehicle Insurance
\$ _____ Medical/Dental Expenses
\$ _____ Tuition/ College Loans
\$ _____ Alimony (paying)
\$ _____ Child Support (paying)
\$ _____ Child Care

\$ _____ TOTAL MONTHLY INCOME (Household) \$ _____ TOTAL MONTHLY EXPENSES

\$ _____ TOTAL ANNUAL INCOME (Household)

Do you share expenses with anyone else in your household? _____ Total number in household _____

How much per month do you feel you can afford for your YMCA membership? _____

