



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Membership Application for Financial Assistance
C O N F I D E N T I A L

Please note the following *important information*:

- The Oneonta Family YMCA *does not award full funding* for scholarships.
- All awards are subject to availability of funding.
- Applicants must reside or work in the Oneonta Family YMCA service area to be eligible.
- **Applications must be *completed in full* to be considered.**
- *Following receipt of all necessary documentation*, review and processing may take *30-60 days*.
- Failure to submit required information will result in delays in application review and approval.

To begin:

- Complete the following information (*required information)
- Attach copies of all necessary documents (the YMCA is happy to make copies for you)
- Return to YMCA Welcome Center

Please print information:

*Applicant Name: _____ *Date of Birth: _____

*Address: _____ *City: _____ *State: _____ *Zip: _____

*Phone: _____ *Carrier: _____ *E-Mail Address: _____

*Place of employment: _____ *Phone: _____

*Spouse or contributing adult: _____ *Living in same household: Y / N

*Place of employment: _____ *Phone: _____

***Total number of persons residing in house** ____

*Child(s) Name(s)	Birth Dates/Age	School (as applicable)
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***Please check the membership type for which you are requesting a scholarship:**

___ Young Adult (ages 20-25) ___ Adult ___ Couple ___ Family ___ Single Parent Family
___ Sr. 60+ ___ Sr. 60+ Couple

***Financial information:**

REQUIRED ITEMIZED MONTHLY INCOME

Wage, Salaries and Tips	\$ _____
Unemployment Compensation	\$ _____
Social Security Compensation	\$ _____
Child Support	\$ _____
Aid for Dependent Children	\$ _____
Food Stamps	\$ _____
401k/Retirement Funds	\$ _____
Alimony	\$ _____
Other	\$ _____
Total Monthly Income	\$ _____

NOTES

***VERIFICATION OF INCOME:**

In order to process the application, the following verification of income *must* be included. ***Applications without verification will not be processed.*** The YMCA Front Desk Staff is happy to make copies as necessary. Anything listed as income must be supported with copies of the appropriate documentation.

- Copies of last year's tax return, *including W-2's*
- Copies of the last 4 pay stubs of *all employed applicants* listed on this form
- Verification and/or award letters for unemployment, social security, VA, rental, child support/alimony, pension, food stamps, or annuity funds. Anything listed as income must be supported with copies of the appropriate documentation.

***Additional information:**

It is important to us to know why we are important to *you!* Please use this space or attach a letter describing how membership at the Oneonta Family YMCA will benefit you.

Giving Back:

From time to time the Oneonta YMCA looks for volunteers from our communities to help with events, projects, and other activities. Please tell us if you are interested in Volunteer Opportunities at our Oneonta YMCA.

_____ Yes, please contact me about volunteer opportunities at the Oneonta YMCA!

_____ No, I am not interested in volunteering at this time.

Statement of Agreement:

I have read, understand and completed the above form. I hereby declare that the information provided is accurate and agree to supply additional information as requested. I understand that falsification or failure to comply with requests for award will exclude me from future eligibility and could require repayment of full fees. I authorize the YMCA to verify any of the above information. All information provided herein will be kept confidential.

Applicant Signature

Date