



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SCHOLARSHIP APPLICATION

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the CLEVELAND COUNTY FAMILY YMCA believes that every individual should have access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The Y welcomes all who wish to participate and believe that no one should be denied access to the Y based on their income. Through our scholarship program, we provide assistance to youth, adults and families based on their individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the Y in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive a scholarship. Y members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people and is committed to youth development, healthy living and social responsibility.

FOR YOUR INFORMATION

- If approved, your award letter will be emailed to you. Be sure to include a legible email address on your application.
- The Y requests that individuals/households reapply annually, with updated documentation for everyone.
- Membership fees subject to change when you reapply.
- If you do not reapply at the time requested, your membership will expire.
- Applications will be reviewed and your monthly fee amount will be determined within 7-10 business days.
- If requesting assistance for dependents, supporting documentation for each dependent must be attached.
- If you do not have a current tax return, please call the IRS at 1-800-829-1040 for a free copy of your 1040 stating gross income and verification of dependents.
- Anyone not listed on the scholarship award letter cannot receive membership privileges. If they want to add them, it should go through the person processing their scholarship and the spreadsheet must be updated.
- If scholarship recipient is wanting to add another adult to their membership, they will need to re-apply including the additional person's income and verification.
- In order to receive scholarship benefits for child care, BOTH applicants must either:
 - work full-time **or**
 - be a full-time student (and provide current class schedule)

APPLICATION CHECK LIST

In addition to filling out our application for scholarship, make sure you provide copies of the following materials:

- Last 2 pay-stubs
- Most recent IRS tax return
- Current class schedules
- Financial aid award letters
 - Child Support Verification
 - Unemployment Statement
- Copy of dependent verification:
 - Birth certificate **or**
 - Tax form **or**
 - Social security card
- Public assistance verification:
 - SNAP (Food Stamps)
 - Housing assistance
 - TANF (Temporary Assistance for Needy Families)
 - SSI (Supplemental Security Income/Disability)
 - AID to disabled
 - Social Security/Annuity/Retirement Income

I have provided all applicable information and reviewed/completed my scholarship application.

I certify that all of the information provided is true and complete to the best of my knowledge.

Signature _____ Date _____

Email Application and documentation to:
Megann Perez - Director of Program & Member Services
perez@ymcanorman.org
(405) 364-9622 Ext. 122



APPLY FOR A SCHOLARSHIP IN 6 EASY STEPS:

1. MY STORY

Please share below, how this scholarship would benefit you. If more space is needed, please attach a note or letter to this application:

2. APPLICANT DOCUMENTATION

First Adult: _____ DOB: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Secondary Phone: _____

Primary Email: _____

Current Employer: _____

Length of Employment: _____ Hours worked: _____

3. ALL PERSONS LIVING IN THE HOUSEHOLD

Second Adult: _____ DOB: _____

Primary Phone: _____

Secondary Phone: _____

Current Employer: _____

Length of Employment: _____ Hours worked: _____

Child: _____ DOB: _____ Age: _____

Child: _____ DOB: _____ Age: _____

Child: _____ DOB: _____ Age: _____

Child: _____ DOB: _____ Age: _____

Child: _____ DOB: _____ Age: _____

4. I AM APPLYING FOR

MEMBERSHIP:

- Individual
- Household
- Senior or Student Couple
- Youth (ages 12-17)

PROGRAM:

- After School Program
- Summer Camp
- Sports League

5. PROVIDE VERIFICATION OF MONTHLY INCOME

All income must have proof/verification attached.
(Ex: 2 Pay Stubs, Child Support Documentation, SNAP etc.)

MONTHLY INCOME	1ST ADULT	2ND ADULT
Gross Wages	\$	\$
Unemployment	\$	\$
Social Security	\$	\$
Child Support	\$	\$
SNAP	\$	\$
Housing:	\$	\$
Other	\$	\$
Total	\$	\$

6. PROVIDE MONTHLY EXPENSES

House/Rent: \$	Childcare: \$
Utilities: \$	Education: \$
Medical: \$	Other: \$
Total: \$	

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY: APPROVED YES NO

Date Received: _____ Processed By: _____

Received By: _____ Date Processed: _____

Reduced By: _____ Date Mailed: _____

OUR MISSION:

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.