

For Office Use Only:

Approved? Yes _____ No _____ % Awarded _____

Will Pay \$ _____ per month and a one-time joining fee of \$ _____

If paying on annual or six-month basis, amount is \$ _____ for _____ months.

Approved by: _____ Date _____



Cleveland Street Family YMCA

721 Cleveland Street • Greenville, SC 29601 • 864/242-4651

Eastside Family YMCA

1250 Taylors Road • Taylors, SC 29687 • 864/292-2790

George I. Theisen North Greenville Family YMCA

100 Inspirational Way • Travelers Rest, SC 29690 • 864/834-2400

Golden Strip Family YMCA

100 Adams Mill Road • Simpsonville, SC 29681 • 864/963-3605

YMCA Camp Greenville

P.O. Box 390 • Cedar Mountain, NC 28718 • 864/836-3291

www.ymcagreenville.org



OPEN DOORS

YMCA OF GREENVILLE

REQUEST FOR FINANCIAL ASSISTANCE

IMPORTANT: Please Read the following information carefully before completing the application process.

The YMCA of Greenville requires that individuals provide the requested information on the attached form regarding income, family size and necessary expenses so that it can provide financial assistance in a fair and consistent manner. The YMCA also requires that individuals reapply when requested to keep the information on their application updated. Your fees are subject to increase when you reapply. If you do not reapply when requested, your enrollment may be terminated.

To process your application, we will need the following information:

- ⇒ Copy of most recent tax return
- ⇒ Copy of two recent pay stubs
- ⇒ Copy of social security or disability checks (if applicable)
- ⇒ Copy of bank statement

*****If you do not provide at least two of these, your application process will be delayed until you can provide us with verification of income.**

- Eligibility:
1. Applicant must live or work in YMCA branch service area.
 2. Assistance will be awarded on the basis of financial need.
 3. Scholarship eligibility will be reviewed annually or as deemed necessary.

Note: If you do not have a copy of your recent tax return, you may obtain one by calling the IRS at 1-800-829-1040. **If you did not file taxes this year, or if you do not have the other documents required, please submit a letter explaining your personal situation.**

Please allow at least 30 days to process your application. You will receive a letter in the mail stating whether or not you have been approved. After this period, you may call the YMCA to see if your application has been approved or to see if additional information is needed.

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. YMCA members can feel great knowing they are involved in an organization that cares greatly for the health and well-being of people and is committed to building strong kids, strong families and strong communities.



The YMCA of Greenville, following the example of Christ, builds healthy spirit, mind, and body for all.

YMCA SCHOLARSHIP APPLICATION

Name _____ Date of Birth _____

Home Address _____

Phone (H) _____ Email address (optional) _____

Have you previously applied for a YMCA scholarship? () Yes () No When? _____

Are you currently a YMCA member? () Yes () No If Yes, at which branch? _____

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

If yes, which branch: _____

Please check one: () Single () Married () Separated/Divorced () Widowed

Spouse's Name _____ Date of Birth _____

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

Name _____ Relationship _____ Gender _____ Age _____

Name _____ Relationship _____ Gender _____ Age _____

Name _____ Relationship _____ Gender _____ Age _____

Name _____ Relationship _____ Gender _____ Age _____

Employer _____ Phone _____

Employer's Address _____

Spouse's Employer _____ Phone _____

Employer's Address _____

If you are a STUDENT, are you currently enrolled in school? _____ Name of school _____

Part Time () Full Time () Be sure to attach a recent copy of your class schedule.
(Application will not be processed without proof. Assistance applies only to full time students.)

Income Worksheet

INCOME

Gross monthly income* \$ _____

Spouse's monthly income* \$ _____

Child Support (if receiving)* \$ _____

Welfare (submit copy of card)* \$ _____

Alimony (if receiving)* \$ _____

Other (Please explain)* \$ _____

Total Monthly Income \$ _____

TYPES OF YMCA MEMBERSHIPS

- ADULT:** a membership for one person who is between 18 and 64 years of age.
- FAMILY:** a membership for a husband, wife and any children under the age of 18 or any dependents that are claimed on their taxes. Children, ages 18 to 22, who are enrolled in college full time may continue on a Family Membership.
- TEEN:** a membership for one person who is between the ages of 13 and 17.
- YOUTH:** a membership for one person 12 years of age and under. The Youth Membership is considered a Metro Membership and can be used at any of the branches in Greenville.
- SINGLE PARENT FAMILY:** a membership for a single parent and any children under the age of 18 or any dependents that are claimed on their taxes. Children, ages 18 to 22, who are enrolled in college full time may continue on a Single Parent Family Membership.
- SENIOR ADULT:** a membership for one person who is 65 years of age or older.
- SENIOR FAMILY:** a membership for a husband and wife, 65 years of age or older, and any dependents that are claimed on their taxes.

➤ **Please list and document any special circumstances that contribute to your request for financial assistance. If necessary, you may use an additional sheet.**

RELEASE FORM

1. I certify the above information to be true. I understand that if any information is found to be false, my membership may be subject to termination.
2. 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 participation. I understand I will be asked to pay a portion of the fees through a monetary commitment and that failure to complete my financial commitment will prohibit me from applying again until those fees are paid.
3. If my financial circumstances improve or reach a level where I no longer require assistance, I agree to notify the YMCA so that others in need may avail themselves of assistance.

Applicant's Signature _____ Date _____

Spouse Signature _____ Date _____