



North Central Missouri YMCA



WELCOME TO ALL

People Helping People Scholarship Application

THE ESSENCE OF THE Y

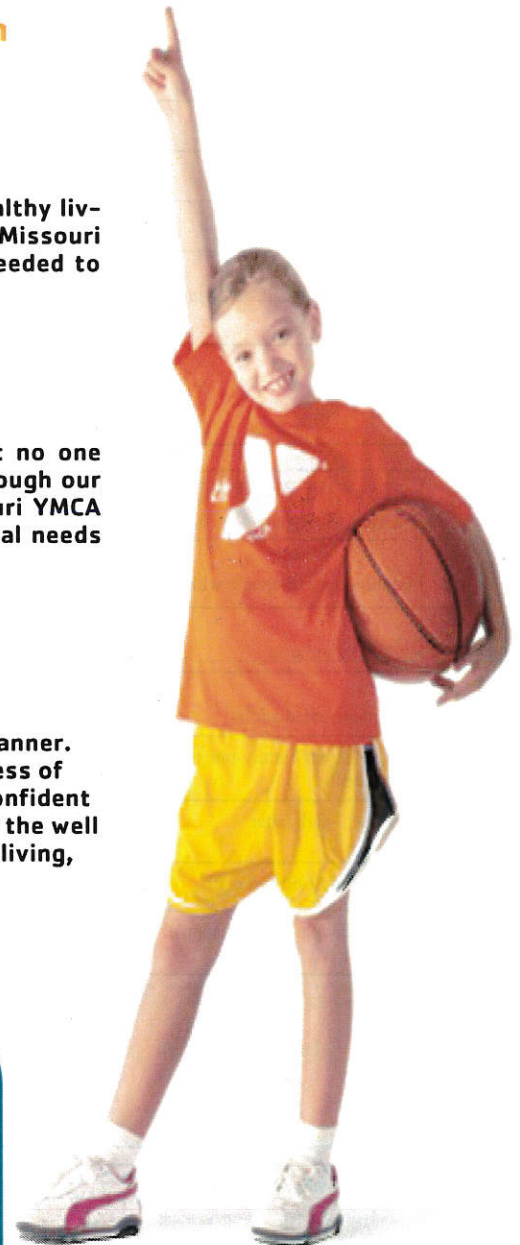
With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the North Central Missouri YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Partners with Youth scholarship program, the North Central Missouri YMCA provides assistance to youth, adults and families based on individual needs and circumstances

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. YMCA 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.



***A people helping people scholarship reduces the fees; it does not eliminate them.**

***All scholarships will be granted for 12 months.**

***The YMCA requests that all individuals reapply annually.**

***Membership fees are subject to change when you reapply.**

***If you do not reapply at the time requested, your membership will expire.**

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

People Helping People Scholarship Application

Apply for a People Helping People Scholarship in 4 easy steps!

1 APPLICANT INFORMATION

Name _____

Mailing Address _____

City _____ State _____ ZipCode _____

Home Phone () _____

Cell Phone () _____

Email _____

If an applicant is under 18: Parent's or legal guardian's name _____

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance

Parent/Guardian/Adult _____

Parent/Guardian/Adult _____

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Other dependent(s) _____ Ages(s) _____

_____ Age(s) _____

3 I AM APPLYING FOR
Check category for which you are applying

MEMBERSHIP	<input type="checkbox"/> Family-married couple with dependent children
	<input type="checkbox"/> Adult-18 and over
	<input type="checkbox"/> Couple-married adults
	<input type="checkbox"/> Single Parent Family-one head of household and dependents
	<input type="checkbox"/> Youth-17 and under
	<input type="checkbox"/> Senior Adult-60 and over
	<input type="checkbox"/> Senior Couple-married couple, only one needs to me over 60

Who has custody of the child(ren)? Check one.

Joint _____ Mom _____ Dad _____ Foster _____

Guardian _____ I do not have custody _____

4 FAMILY INCOME INFORMATION (all income must be included)

Employer _____ Work Phone () _____

Gross Salary \$ _____ (Hourly, Weekly, Monthly)

Spouses Employer _____ Work Phone () _____

Gross Salary \$ _____ (Hourly, Weekly, Monthly)

Unemployment Income per Month \$ _____

Social Security per Month \$ _____

Child Support, Alimony, Misc. Income \$ _____

Have you applied for a scholarship in the past? _____

If yes, did you receive a scholarship? _____

I certify that all information on this form is correct and true to the best of my knowledge, and that I do not have additional income not represented above. I understand that scholarship assistance is based on need.

Signature of Applicant: _____

Date: _____

FOR OFFICE USE:

APPROVED YES NO

YMCA\$ _____

YOU\$ _____

DATE _____

AWARD LETTER IS VALID FOR 90 DAYS

TELL US MOREUse this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper: I want/need a YMCA People Helping People Scholarship because: