



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF KEWANEE
6 Month Income Based
Scholarship Application



1 GENERAL INFORMATION

If an applicant is under 18, Parent or legal guardian's information here.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Date of Birth: ___/___/_____

Place of Employment: _____

Work phone: _____ How long employed: _____

Emergency phone: _____ Relationship: _____

Circle all that apply:

- Male Female
- Married Single Divorced Separated Widowed
- American Indian African American/Black Asian/Pacific Islander
- Caucasian/White Hispanic Other _____
- Prefer not to answer

I AM APPLYING FOR

Check categories for which you are applying

It is my first time applying

I have had a scholarship before

I am Renewing my current scholarship

- MEMBERSHIP**
- YOUTH 18 yrs & under
- COLLEGE 23 & Under (w/proof of 12+credit hrs.)
- ADULT 19-64yrs
- SENIOR 65 yrs & up
- SENIOR COUPLE one 65 yrs & up
- FAMILY co-habituating couple & dependents
- ONE PARENT FAMILY

Please list programs you would like assistance for:

- PROGRAM**
- _____
- _____
- _____

Financial assistance not for Private Lessons, Personal Training, onetime Special Events, or Competitive Teams. It is the Adult's responsibility to inform staff on enrollment that they receive assistance.

3 SIGNIFICANT OTHER INFORMATION

Name: _____

Cell Phone: _____

Email: _____

Date of Birth: ___/___/_____

Place of Employment: _____

Work phone: _____ How long employed: _____

Emergency contact: _____

Emergency phone: _____ Relationship: _____

Circle all that apply:

- Male Female
- Married Single Divorced Separated Widowed
- American Indian African American/Black Asian/Pacific Islander
- Caucasian/White Hispanic Other _____
- Prefer not to answer

It will take a minimum of **1 week** for this application to be reviewed. Financial aid is based on availability of funds.

Membership must be activated within 60 days of delivery of notification, after 60 days reapplication is required. Monthly fees may be paid via bank draft from checking or savings; or by payments at the courtesy desk. Required to pay monthly fee for 6 months or notify the Y in writing to cancel membership.

A reduced join fee is due with activation:
Youth \$5 Adult/Senior/College \$10
Family/1-Parent Family/Senior Couple \$15

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Funding possible through donations from community and the Kewanee Area United Way.

4 DEPENDENTS

How many people live in your household

Name	Gender	Date of Birth	Age	Race	School or Employer

5 HOUSEHOLD FINANCES

Information is based on ALL household income, this includes everyone in the house that works or receives an income, regardless of if they will be on the membership or not. Please email verification to angelinas@kewaneeymca.com or show the Front Desk.

Attach the following required documents: Copies of W2forms Copies of any other household income
 2 current paystubs (please check one to describe the pay period) : weekly 2x/month every 2 weeks 1x/month

Monthly Household Income	Adult 1	Adult 2	Dependents	Expenses	
Gross Wages & Salaries	\$	\$	\$	Rent/Mortgage	\$
Security Payment(s)/Disability	\$	\$	\$	Utilities	\$
Child Support/ Alimony/Foster Care	\$	\$	\$	Food	\$
Public Assistance/ Link card TANF/SNAP	\$	\$	\$	Medical	\$
Unemployment Compensation	\$	\$	\$	Child Support	\$
Other (Interest/Dividends/retirement)	\$	\$	\$	Other	\$
TOTAL INCOME	\$	\$	\$	TOTAL EXPENSES	\$

STAFF VERIFIED INITIAL

6

TELL US MORE... I want/need a YMCA Scholarship because:

Use this space to include any additional information or extenuating circumstances that were not included on this application.

7

I CERTIFY that the information I provided herein is true and accurate. I agree to supply additional information if requested. I acknowledge it is my responsibility to notify the Y in writing of any changes in information supplied in this application that might affect my eligibility. I understand that falsification of information will result in discontinuation for up to a two year period. I further understand that failure to comply with the YMCA of Kewanee policies and guidelines can result in immediate termination of membership and/or program privileges without reimbursement of fees.

Signature of Applicant: _____

OFFICE USE ONLY

Approved:
 Member pays _____% of membership rate
 Participant pays _____ % of all programs
 Join Fee \$ _____
 Monthly membership rate: \$ _____

Denied-Reason: