



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA of Metropolitan Fort Worth Scholarship Program

The YMCA of Metropolitan Fort Worth is a not-for-profit organization committed to helping people grow in spirit, mind and body. The YMCA is community-based and is here to serve people of all ages, backgrounds, abilities and incomes. Scholarships are awarded based on a sliding fee scale that is designed to fit each individual's financial situation. Over the years, we have found that the scholarship program is most utilized by:

- ◆ Youth referred by schools, churches and organizations
- ◆ Adults who are temporarily out of work
- ◆ Single Parents with limited incomes
- ◆ People on fixed incomes
- ◆ People who are overwhelmed by medical bills
- ◆ Those experiencing other financial hardships

Please provide the requested information on the attached form regarding income, family size and any other information regarding your family's financial situation so that we can provide scholarships 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 change when you reapply. If you do not reapply when requested, your enrollment may be terminated.

**To process your application, you will need to provide copies of the following information:  
(Please do not submit original documents – photocopies only)**

- Last two (2) payroll check stubs OR a letter from your employer on company letterhead verifying salary with the following information listed:
  - (a) Hours per week
  - (b) Hourly rate of pay
  - (c) How often pay is received
- Proof of Child Support
- Proof of Alimony
- Proof of Unemployment
- Proof of Food Stamps
- Proof of AFDC
- Proof of SSA/SSI
- Proof of Parental Support
- Proof of Housing Subsidy
- Proof of Worker's Compensation
- Copy of the last year's tax return (Pages 1 & 2 only)

**NOTE:** If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service at 1.800.829.1040. If you did not file taxes last year, or if you don't have the other documents required, please explain your personal situation on the application form. Thank you again for your interest in the YMCA of Metropolitan Fort Worth. All requests for scholarships will be held in the strictest confidence. Funds are made available through the United Way of Tarrant County, federal, state, local governments and contributions made to the YMCA. Please complete the following application along with the requested income verification and return all documents to the branch business office.

Please allow up to 2 weeks to process your application.

**YMCA OF METROPOLITAN FORT WORTH SCHOLARSHIP APPLICATION**

APPLICANTS INFORMATION	OTHER ADULT IN HOUSEHOLD INFO.
NAME _____	NAME _____
HOME ADDRESS _____	HOME ADDRESS _____
CITY _____ ZIP _____	CITY _____ ZIP _____
HOME PHONE (_____-_____-_____) _____	HOME PHONE (_____-_____-_____) _____
EMAIL _____	EMAIL _____

**\*For YMCA programs supported by government funding, the following information is needed for reporting purposes.**

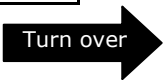
**Racial Status:**      Hispanic      Black      Asian      White      American Indian      Other

**Marital Status:**      Married      Single      Single Head of Household      Other

**List all persons living in household (including yourself, other adults and all children):**

NAME FIRST/LAST	SCHOOL/EMPLOYER	BIRTH DATE	AGE	SEX
GROSS INCOME	APPLICANT	HOW OFTEN	OTHER ADULTS	HOW OFTEN
<b>EMPLOYMENT/WAGES</b>	\$		\$	
<b>CHILD SUPPORT</b>	\$		\$	
<b>ALIMONY</b>	\$		\$	
<b>UNEMPLOYMENT</b>	\$		\$	
<b>FOOD STAMPS</b>	\$		\$	
<b>AFDC</b>	\$		\$	
<b>SSA/SSI</b>	\$		\$	
<b>PARENTAL SUPPORT</b>	\$		\$	
<b>HOUSING SUBSIDY</b>	\$		\$	
<b>WORKER'S COMP</b>	\$		\$	
<b>OTHER</b>	\$		\$	

**You must turn in documentation of all applicable income listed above.**



**\*Please explain if you cannot provide documentation of your household income:**

**\*Feel free to list any extenuating circumstances that may affect your reasons for applying for aid below. Additional information may be required if form is incomplete.**

**\*What is your primary YMCA branch location?** \_\_\_\_\_

**\*Why are you applying for a YMCA Scholarship? *Select all that apply***

**Membership      Swim Lessons      Child Care      Other:** \_\_\_\_\_

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false information could jeopardize my financial assistance.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date received \_\_\_\_\_ Staff receiving form \_\_\_\_\_

Activity/Program applying for \_\_\_\_\_ Scholarship % awarded \_\_\_\_\_

Scholarship begin date \_\_\_\_\_ Scholarship end date \_\_\_\_\_