



Racine Family YMCA SCHOLARSHIP APPLICATION

Application must be filled out completely. Please print clearly and include all required paper.
Section 1: Household Information

First Name	MI	Last Name	<input type="radio"/> Male <input type="radio"/> Female	Date of Birth	
Address		City	State	Zip	Phone

Section 2: Second Adult

First Name	MI	Last Name	<input type="radio"/> Male <input type="radio"/> Female	Date of Birth	
Address		Apartment/Suite	City	State	ZIP

LEGAL DEPENDENTS (18 and under): List all dependents on the membership application.

FAMILY MEMBERS (19-24yrs): MUST submit full time college schedule (12 cr or more) or income verification to be on the membership.

Section 2: Membership Type

Please check ONE of the following:

- Assistance requested for Y MEMBERSHIP
 Assistance requested for Y PROGRAMS

Section 3: Income

Check the box of all documentation included and write income in the column at right.

We understand that numbers don't show everything. Documents will be reviewed.

Documentation included?	INCOME SOURCE required for ALL adult household members	Gross Monthly Household Income Totals
REQUIRED	Copy of most recent Federal 1040 (W-2s not accepted)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Last month's wages, salaries, self-employment income & tips	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability/Unemployment (Individual Only)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security/Supplemental Security Income (Individual Only)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Government Assistance (Food Stamps Benefits Packet)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	
	Total Gross Monthly Household Income	

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that all people listed on this document have been made aware that any membership to the Racine Family YMCA includes adherence to the code of conduct, rules and regulations of the Racine Family YMCA. I also understand that my scholarship rate will expire one year from the date of this application and that my membership rate will change to the REGULAR membership rate and that it is my responsibility to come to the Y and renew my scholarship application. I understand that assistance is based on need. In the event that I need to cancel my membership, I will contact the YMCA immediately in writing. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future. Application will be returned if not complete or if income is not verified.

Print Name _____ Signature _____ Date of Signature _____

FOR OFFICE USE ONLY	40% 25% Circle Amount of Assistance	
Staff Initials		Date Processed



Racine Family YMCA SCHOLARSHIP APPLICATION

Scholarship Membership

EVERYONE IS WELCOME

Financial Assistance is handled by the Y in a fair and confidential manner by using a sliding scale to determine how much assistance is awarded. Y members can feel confident knowing they are part of an organization that cares greatly for the well-being of all people. We're committed to youth development, healthy living and social responsibility.

- The Y's Financial Assistance program provides families in need with financial support to participate in Y membership and programs.
- Financial Assistance reduces membership fees on a sliding scale; it does not eliminate them. Join fee \$49.50 applies.
- The Y reserves the right to deny financial assistance to anyone whose actions are contrary to the core values and mission of the Y.
- All past balances should be paid in order to activate or renew a membership.
- All scholarships rates will expire one year from activation date. It is members responsibility to come and renew the membership.

HOW TO APPLY

1. Complete the application thoroughly and accurately.
2. **REQUIRED TO APPLY: The most recent federal income tax return (1040 and/or self-employment tax return if applicable)**
*NOTE: Copies of your 1040 can be obtained by calling the IRS at 1-800-829-1040 or by requesting a transcript at IRS.gov. W-2s will NOT be accepted.
3. In addition, attach the following documents. Do not submit originals.
 - Month of paycheck stubs or letter from employer indicating hours worked and pay.
 - Documentation of Social Security or Disability (individual only)
 - Government Assistance: About Your Benefits (FoodShare Benefits) (1-888-794-5820 or www.access.wisconsin.gov)
 - Unemployment notification of eligible benefits.
4. Proof of ID required
5. Proof of Bank Information to draft electronically (credit/debit card)

Failure to provide required/requested documentation may delay or void your application. Process may take up to a week.