



Dear Scholarship Applicant,

The **Kosciusko Community YMCA** is pleased to provide scholarships for all who are in need. Through the generous contributions of community members to the YMCA and through United Way, your YMCA provides scholarships for residents of Kosciusko County when we can determine that a financial need exists. Financial need is based on the household income, family size and/or special circumstances. When need is demonstrated by request, a portion (up to 75 percent) of the membership and/or program cost is subsidized by the YMCA with the applicant paying the remainder of the cost. This scholarship can be applied toward most of the YMCA's programs including membership, youth or adult lessons, Kids Klub, or Camp Little Eagle (personal training, private lessons, and scuba classes are excluded from the discount).

To qualify for a scholarship, please complete the enclosed application and provide the requested forms of income verification. If there is more than one income in your household, documentation should be included for each income. Your application will be processed when all applicable documentation is received by the YMCA. Once the application and all the proper documentation are received by the YMCA, it takes one to two weeks to review the materials. Upon approval, you will receive a letter outlining the terms of your scholarship. Your application must be renewed on an annual basis.

It is our pleasure to serve you. If you have specific questions, you can reach me at 269-9622.

Sincerely,

Heidi Moseley
Need-Based Scholarship Coordinator

Date Received _____ (office use only)



Need Based-Scholarship Application

Name _____ Date _____

Address _____

City/State/Zip _____ Home Phone _____

Income (monthly)

Expense (monthly)

Wage and tips (you)	\$ _____	Rent/mortgage	\$ _____
Wage and tips (spouse)	\$ _____	Utilities	\$ _____
Wage and tips (other adult in home)	\$ _____	Car payment	\$ _____
Unemployment	\$ _____	Food	\$ _____
Social Security	\$ _____	Clothing	\$ _____
TANF	\$ _____	Phone	\$ _____
Food Stamps	\$ _____	Car insurance	\$ _____
401K/retirement distribution	\$ _____	Alimony	\$ _____
Alimony	\$ _____	Child support	\$ _____
Child support	\$ _____	Medical	\$ _____
Other	\$ _____	Other	\$ _____

Number of people living in the household: Adults _____ Kids _____

Type of Membership Requested: Family _____ Youth _____ Senior 60+ _____
Adult _____ Couple _____ Single-Parent Family _____

See criteria in brochure for any questions on membership type

Do you currently have a YMCA membership? Yes _____ No _____

Please indicate how you will use your scholarship:

- _____ Kosciusko Community YMCA membership only
- _____ Kosciusko Community YMCA membership and programs
- _____ Kosciusko Community YMCA programs only



what matters.™

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Office Use Only

Type _____ Subsidized Percent: 75 65 50 35 25

Joiner's Fee _____ Annual _____ Bank Draft _____

Coordinator _____ Approval _____

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

What benefits do you see in having this scholarship to join the YMCA?

Verification:

To be considered for a YMCA Need-Based Scholarship, please provide the following forms of income verification for all household income. If you are requesting a Single-Parent Family Membership, please show proof that you do or do not receive child support.

- 1. Official Notice of Benefits from the Indiana Family and Social Services Administration (must be current) **OR**
- 1. Income tax return from the previous year, and
- 2. Check stubs for the last 4 weeks, and
- 3. Current bank statements for all bank accounts, and
- 4. Court order verifying child support (if applicable)

Your application is complete when you have provided all applicable information. Upon completion it will be reviewed and a scholarship determination will be made in a timely manner.

References:

Please provide two references, other than family members, who can verify your information.

Reference #1 _____ Phone _____
 Address _____ City _____ Zip _____
 Occupation _____ Number of years acquainted _____

Reference #2 _____ Phone _____
 Address _____ City _____ Zip _____
 Occupation _____ Number of years acquainted _____

Additional unexpected circumstances may contribute toward your request for a scholarship (medical bills, unemployment). These will only be considered if you provide documentation. Basic cost-of-living expenses such as housing, utilities, cable, or car payment do not qualify as unexpected circumstances.

1) _____ 2) _____
 3) _____ 4) _____

All information is kept in the strictest confidence and will only be viewed by necessary YMCA staff.