



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP FOR ALL

Membership Scholarship Application

EVERYONE IS WELCOME

At the Fayette County Family YMCA, we are committed to strengthening community by connecting all people to their potential, purpose and each other. We believe everyone deserves the opportunity to achieve their goals, build meaningful relationships and experience a true sense of belonging—regardless of age, background, ability or income.

As a community-based nonprofit, we work to ensure our programs and services are accessible to all. Through our Financial Assistance Program, we provide support based on individual household income and/or extenuating circumstances so that cost is not a barrier to participation.

Financial assistance is made possible through the generosity of donors who give to our Mission Possible Campaign and the dedication of volunteers who believe in expanding access for all. Assistance is subject to available resources and is designed to reduce membership fees, not eliminate them entirely. All members contribute in a way that is meaningful and manageable for their household.

We are proud to serve the entire community and are committed to ensuring that every person who walks through our doors is welcomed, valued and supported.

PLEASE NOTE

- Support from our Mission Possible Campaign Fund reduces membership fees; it does not eliminate them.
- All support will be granted for 6 months.
- Membership fees are subject to change upon annual review.

Support is granted following consultation with a staff member and a review of all documentation. The Y reserves the right to request additional information when necessary.

Please contact the YMCA at (740) 335-0477 if you have any questions.



faycoymca.org

Membership Scholarship Application

THIS APPLICATION MUST BE RENEWED EVERY 6 MONTHS!

1 APPLICANT INFORMATION

Name _____

Email _____

Mailing Address _____

City _____

State _____ ZIP Code _____

Home Phone () _____

Cell Phone () _____

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

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Please list each family member applying for assistance.

Parent/Guardian/Adult _____ DOB _____

Parent/Guardian/Adult _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Other dependent(s) _____ Age(s) _____

3 I AM APPLYING FOR

Check the category for which you are applying

YOUTH (infant-18) _____

YOUNG ADULT (ages 18-25) _____

ONE ADULT (ages 26-59) _____

COUPLE (2 adults, age 18-59) _____

SINGLE PARENT FAMILY (1 ad. & dependent children) _____

FAMILY (2 ad. & dependent children) _____

SENIOR (1 adult age 60+) _____

SENIOR COUPLE (2 adults, 1 is age 60+) _____

4 TO QUALIFY, PROVIDE THE FOLLOWING FORMS OF INFORMATION:

Bring all applicable financial documents to the YMCA for verification. Find support documents you may need to provide by going to (for any Ohio county) Ohio Dept. of Job & Family Services' website: odjfsbenefits.ohio.gov

W-2/1099: \$ _____

Paystubs: \$ _____

Child Support: \$ _____

Unemployment: \$ _____

Social Security: \$ _____

Government Assistance: \$ _____

Housing Assistance: \$ _____

Any Other Income: \$ _____

Total Monthly Income: \$ _____

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that subsidy assistance is based on need. In the event that I or my children must cancel our participation, I will contact the Fayette County Family YMCA immediately in person so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

5

Signature of person completing this form _____

Date _____

FOR MEMBERSHIP STAFF USE Date _____

Staff that received application: _____

Approved for a **monthly rate** of \$ _____ with a **program subsidy** of _____%

Notes: _____