

WELCOME TO ALL

Partner's With Youth Scholarship Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Mercer County Family YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Partner's With Youth Scholarship Program, the Mercer County Family YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the Y in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive a scholarship. Y members can feel confident knowing they are part of an organization that cares greatly for the well-being of people, and is committed to youth development, healthy living and social responsibility.

A Partner's With Youth scholarship reduces membership fees. It does not eliminate them.

Scholarships will be granted for 12 months, but families must reapply annually with updated documentation.

Membership fees are subject to change when you reapply.

If you do not reapply in the time requested, your membership will expire. Applicants with prior balances due, may not be eligible.

For Questions, Please Call 309-582-5101

MERCER COUNTY FAMILY YMCA

401 SW 2nd Ave

Aledo, IL, 61231

P 309 582 5101 F 309 582 7222



PEOPLE HELPING PEOPLE Scholarship Application

Apply for Financial Assistance in 5 easy steps!

1 APPLICANT INFORMATION

Name _____ DOB _____

Mailing Address _____

City _____

State _____ Zip Code _____

Home Phone () _____

Cell Phone () _____

Email _____

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

2 ELIGIBLE PERSONS LIVING IN THIS HOUSEHOLD

Please check each family member applying for assistance.

Parent/Guardian/Adult _____

Parent/Guardian/Adult _____

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Other Dependent(s) _____ DOB _____

3 I AM APPLYING FOR

Please check category for which you are applying

<input type="checkbox"/>	YOUTH (6-High School)
<input type="checkbox"/>	YOUNG ADULT (18-25)
<input type="checkbox"/>	SENIORS (65 & Older)
<input type="checkbox"/>	SINGLE ADULT
<input type="checkbox"/>	MARRIED COUPLE
<input type="checkbox"/>	SINGLE PARENT FAMILY
<input type="checkbox"/>	FAMILY

* YMCA Membership Units can only include members of the same household.

4 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS:

I FILED FEDERAL TAXES FOR LAST YEAR

Documents showing most recent 30 days of income (including pay stubs or documentation of Government Assistance) & one of the following...

- 1040 Federal Tax Form(s) For all incomes in household
- I am an individual filing jointly; I am providing ONE 1040 form
- We filed more than ONE tax Form in our household; we are Providing _____ 1040 forms.

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

or

Documents showing most recent 30 days of income (including pay stubs Or documentation of government assistance)

\$ _____ X ¹² = _____
MONTHS

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

FOR OFFICE USE

Approved yes no Date _____

YMCA: _____% You: _____%

Annual Balanced Due \$ _____

OR

Monthly Automatic Withdraw \$ _____

5 SIGN THE APPLICATION

I certify the above information is true/complete to the best of my knowledge and 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 scholarship assistance is based on need. In the event I or my children must cancel our participation. I will contact the YMCA immediately 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. I further understand that registered sexual offenders are not permitted in the YMCA or eligible for YMCA services.

Signature of person completing this form _____

Date _____

Award letter is valid for 60 days

TELL US MORE... Attach an additional sheet of paper with additional information or extenuating circumstances that were not included on this application.