

People Helping People Scholarship Application

Apply for a scholarship in 5 easy steps!

1. APPLICANT INFORMATION			
Name: _____			
Address: _____			
City: _____			
State: _____	Zip: _____	Date of Birth	/ /
Home Phone: _____			
Cell Phone: _____			
Email: _____			
(To contact you on scholarship status)			
Under 18? Parent/Guardian Name: _____			

2. LIST NAMES OF ALL PERSONS ON THE SCHOLARSHIP		
Please circle M or F male or female		
Adult _____	DOB _____	M F
Adult _____	DOB _____	M F
Child _____	DOB _____	M F
Child _____	DOB _____	M F
Child _____	DOB _____	M F
Child _____	DOB _____	M F
Child _____	DOB _____	M F
Child _____	DOB _____	M F

3. MEMBERSHIP APPLYING FOR: (Mark only one)

Youth (5-14)

Young Adult (15-26)

Adult (27-61)

Single Parent Family

Household* (Family)

Senior Ind./Couple (62+)

*Household includes anyone living in your household.

CHILD CARE PROGRAMS

Programs

Aquatics

After School

Day Camps

Preschool

Tumbling

4. TO QUALIFY FOR A SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS

Attach all applicable financial documents and turn in to the Illinois Valley YMCA Courtesy Counter. Not all need to be turned in if you have your Federal 1040

- (THIS MUST BE TURNED IN) Current Federal Tax 1040 Form, or a statement from the IRS that you don't file taxes. (The IRS can be contacted at 800-829-1040)
- Rent Assistance
- Food Stamps (SNAP Benefits)
- Birth Certificates/Guardianship Papers (Only for children not on taxes)
- Two current pay stubs (For all adults in the household)
- Unemployment (For all adults in the household)
- Court ordered Child Support or Alimony
- Social Security or Disability statement (For all adults in household)
- IF YOU HAVE NO FORMS OF INCOME, YOU MUST PROVIDE A LETTER FROM THE PERSON SUPPORTING YOU AND A REFERRAL LETTER FROM SOMEONE NOT RELATED TO YOU (School, clergy, caseworker, etc.)

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS

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 sponsorship assistance is based on need. If I am over the guidelines set by the Illinois Valley YMCA, I will be informed of this and I will not qualify for a scholarship. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form

Date

FOR OFFICE USE ONLY

APPROVED: YES NO

YMCA \$ _____

APPLICANT \$ _____

DATE: _____

5. TELL US MORE... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

I want/need a YMCA scholarship because:

Scholarships Sliding Scale

Income	Number in Household							
	1	2	3	4	5	6	7	8
\$7,000	75%	75%	75%	75%	75%	75%	75%	75%
\$10,000	75%	75%	75%	75%	75%	75%	75%	75%
\$12,500	60%	75%	75%	75%	75%	75%	75%	75%
\$15,000	50%	60%	75%	75%	75%	75%	75%	75%
\$17,500	40%	50%	60%	75%	75%	75%	75%	75%
\$20,000	30%	40%	50%	60%	75%	75%	75%	75%
\$22,500	20%	30%	40%	50%	60%	75%	75%	75%
\$25,000	10%	20%	30%	40%	50%	60%	75%	75%
\$27,500		10%	20%	30%	40%	50%	60%	75%
\$30,000			10%	20%	30%	40%	50%	60%
\$32,500				10%	20%	30%	40%	50%
\$35,000					10%	20%	30%	40%
\$37,500						10%	20%	30%
\$40,000							10%	20%

Percentage	Membership Type/Joiner Fee is waived for all memberships					
	Family	Individual	Young Adult	SPF	Senior	Senior Couple
75%	\$17.00	\$17.00	\$17.00	\$17.00	\$17.00	\$17.00
60%	\$21.00	\$18.00	\$19.00	\$17.00	\$17.00	\$17.00
50%	\$26.00	\$23	\$23.00	\$20.00	\$17.00	\$20.00
40%	\$30.00	\$26.00		\$24.00	\$18.00	\$22.00
30%	\$35.00	\$31.00		\$27.00	\$20.00	\$24.00
20%	\$40.00	\$35.00		\$30.00	\$23.00	\$27.00
10%	\$45.00	\$39.00		\$34.00	\$25.00	\$30.00

The Illinois Valley YMCA grants financial assistance to low income households and those with extenuating circumstances. If there are extenuating circumstances that do not show on someone's application but they have provided documentation that the circumstances exist, they may be granted a subsidy of more than 90% by the Chief Executive Officer for a set, but temporary amount of time (such as family medical/health issues, death in the family, short-term unemployment, change of guardianship, etc.)