



Greenwood Family YMCA  
We build strong kids,  
strong families, strong communities.

Dear Applicant,

With the cooperation of our Partner's With Youth Program and the United Way, the YMCA provides affordable rates for area residents whose household income and family size fall within the YMCA National guidelines. In these cases, a portion of the cost is subsidized with the applicant paying the remainder of the cost. This discount may be applied toward any YMCA's programs.

To qualify for assistance, you **MUST** provide **AT LEAST 2** forms of income verification. If there is more than one income in the household, documentation must be presented for each income. An application cannot be processed without these. Once all the proper documentation is given to the YMCA, the application will be processed within 2 weeks. Each year the application **MUST** be renewed.

Reminder: The following information is needed to process your application:

1. Completed YMCA scholarship application.
2. Copy of 2006 income tax Form 1040.
3. Current payroll stub.
4. Copy of monthly expenses.

The above information **MUST** be attached to the application. All information must be supplied before any action will be taken on the request.

If you have any question please contact me at the YMCA.

Sincerely,

Angie Sloan  
Membership Coordinator

Greenwood Family YMCA • 1760 Calhoun Road • Greenwood, South Carolina 29649  
phone: 864-223-9622 • fax: 864-223-5425

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



**GREENWOOD FAMILY YMCA  
SCHOLARSHIP ASSISTANCE APPLICATION**

**Please complete ALL items (INCOMPLETE FORMS WILL BE RETURNED!)**  
*Please print. Allow 2 weeks for response.*

The YMCA is committed to serve people regardless of their ability to pay, however our resources are limited and we expect everyone to share a portion of program fees based upon their documented financial ability. Please fill out the following information and attach the necessary documents (photocopies only) and return to the Membership Director of the Greenwood Family YMCA, 1760 Calhoun Road, Greenwood, SC 29649. A letter stating your reason for your request for scholarship assistance must accompany this application. An interview will be required prior to the approval of this scholarship application. Balance of the allocation must be paid in full or on our automatic payment plan through our monthly bank draft program. Exceptions are made only by the executive director.

Date of Application: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Place of Employment \_\_\_\_\_

Zip Code: \_\_\_\_\_ Age: \_\_\_\_\_ How Long ? \_\_\_\_\_

Spouse/Child(ren)'s Name	Age	School/Employer	Birthdate

Have you received financial aid from YMCA previously? \_\_\_\_\_ if yes, what for? \_\_\_\_\_

- Application for financial assistance is for: \_\_\_\_\_
- \_\_\_\_\_ Membership type applying for \_\_\_\_\_
  - \_\_\_\_\_ Swimming
  - \_\_\_\_\_ Gymnastics
  - \_\_\_\_\_ Youth Sports (please specify)
  - \_\_\_\_\_ After-School Child Care
  - \_\_\_\_\_ Day Camp
  - \_\_\_\_\_ Other \_\_\_\_\_

Current Household: Number of Adults \_\_\_\_\_ Number of children \_\_\_\_\_

Your present income level is:

_____ Under \$8,000	_____ \$8,001 to \$12,000	_____ \$12,001 to \$15,000
_____ \$15,001 to \$18,000	_____ \$18,001 to \$20,000	_____ \$20,001 to \$25,000
_____ \$25,001 to \$30,000	_____ \$30,001 to \$40,000	_____ Over \$40,000

What benefits do you see in having this scholarship to join the YMCA as a member or participant?

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Why are you applying for scholarship assistance?

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What volunteer service can you provide to the YMCA?

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Please itemize your month income and expense items:

**(This Area MUST be Complete)**

<b>INCOME</b>	
Wage, salaries, and tips	\$ _____
Unemployment compensate	\$ _____
Social Security compensation	\$ _____
Child Support	\$ _____
Aid to Dependent Children	\$ _____
Food Stamps	\$ _____
401K/Retirement Funds	\$ _____
Alimony	\$ _____
Other	\$ _____
<b>TOTAL INCOME</b>	\$ _____

<b>EXPENSE</b>	
Rent/Mortgage	\$ _____
Utilities	\$ _____
Food	\$ _____
Clothing	\$ _____
Phone	\$ _____
Car/Insurance	\$ _____
Alimony	\$ _____
Child Support	\$ _____
Medical	\$ _____
Charge Cards	\$ _____
Other	\$ _____
<b>TOTAL EXPENSE</b>	\$ _____

The preceding information is certified to be correct and complete to the best of my knowledge and I understand that if assistance is granted, falsified statements on this application will result in cancellation of the scholarship.

Please attach a copy of last year's Internal Revenue Service Tax Statement and/or your SSI allocation statement to verify your annual earnings.

As a parent (or guardian) of the child applying for a YMCA Scholarship, I agree to and understand the following conditions:

1. Scholarships given based on financial need & availability.
2. That my child's behavior and attitude must be in keeping with the rules.
3. Availability of funds is limited and affects distribution.

I am also aware that it is my responsibility to notify the YMCA, in writing, of any change in information supplied in this application (such as income, address, living arrangements, or other matters which might affect my eligibility for financial assistance). Income must be verified annually.

Signature \_\_\_\_\_ Date \_\_\_\_\_