



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Everyone is welcome at the Summerville Family YMCA!

We never want to turn anyone away from the YMCA experience because of their inability to pay for the full cost of membership; therefore a scholarship program has been created to help individuals and families who require financial assistance.

Our scholarship program is confidential and has been designed to take into account each individual financial situation. YMCA members can feel great knowing that they are involved with an organization that cares greatly for the health and well being of all people.

Requirements:

- Applicants must be over the age of 18 and must reside within the Summerville Family YMCA service area (50 miles).
- Assistance will not be granted to the "traditional" college student or senior citizen, due to the fact that they are already eligible for a reduced membership rate.
- The Poverty Guidelines for the US Department of Health and Human Services will be used as initial eligibility criteria.
- Financial assistance will be granted for six months. Recipients will be required to reapply at that time.
- **Members who are receiving a membership scholarship will be required to workout at a YMCA facility an average of two times a week.**
- It is our feeling that a strong sense of ownership will be developed if the scholarship recipient contributes to the cost of YMCA involvement. Therefore, recipients will be asked to pay a portion of their Joining Fee and Monthly Membership Dues. A maximum scholarship amount of 60% will be awarded.
- Once a scholarship has been granted, the agreed upon monthly payment must be made on time or scholarship status may be re-evaluated.

How to Apply:

Complete the attached scholarship application and attach the necessary photocopies and request letter. Return the application to the Membership Director. Financial assistance will be determined based on a thorough review of the application and may take up to two weeks.

SUMMERVILLE FAMILY YMCA

140 S. Cedar Street, Summerville, SC 29483

P 843 871 9622 F 843 821 3127 www.summervilleyymca.org

Application for Scholarship Assistance

Instructions: Please fill out the following information and attach the necessary photocopies. A brief letter stating the reason for your request for scholarship assistance is also required.

Name: _____ Birth Date: _____

Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____

How long have you worked there? _____

Family members information, if applicable:

Name: _____ Birth Date: _____

School/Employer: _____

Name: _____ Birth Date: _____

School/Employer: _____

Name: _____ Birth Date: _____

School/Employer: _____

Name: _____ Birth Date: _____

School/Employer: _____

Are you a single parent? Yes No

Please check what category of financial assistance you need – Membership: Family Adult

Do your children receive free or reduced lunch? Yes No

Why are you applying for scholarship assistance? (You can explain in greater detail in your letter)

Are you currently facing any extraordinary hardships?

What is the dollar amount you are willing or able to pay for your membership? \$ _____
(per month)

Income	Amount	Expenses	Amount
Wages, tips, salaries	\$	Rent/Mortgage	\$
Unemployment compensation	\$	Utilities (total)	\$
Social Security compensation	\$	Food	\$
Child support income	\$	Clothing	\$
Alimony	\$	Phone	\$
Aid to dependent children	\$	Car payment/Insurance	\$
Food Stamps	\$	Health Insurance	\$
401K/Retirement income	\$	Medical bills	\$
Other:	\$	child support payments	\$
Other:	\$	Alimony payments	\$
Other:	\$	Other:	\$
<i>Total Income</i>	\$	<i>Total Expenses</i>	\$

Present Annual Salary: \$ _____

Please attach the following documents:

- A copy of your most recent income tax statement
- A copy of your most recent two paycheck stubs
- A copy of a letter verifying your family is on the free or reduced lunch program
- A letter describing why you feel your family would benefit from financial assistance

Signature _____

Date _____

Please allow two weeks for your application to be reviewed and approved or denied. You will be contacted in writing as to your application status. If you have any questions, please feel free to contact the Membership Director at 871-9622. Thank You.

FOR OFFICE USE ONLY

Circle one: New Renewal Member

Date Rcvd: _____

Membership Type: Adult Family

Application Reviewed: _____

Denied Approved _____% awarded

Notified: _____

Notes:

Director Signature: _____