



People Helping People Scholarship Application

The Essence of the Y

With a commitment of putting Christian principles in to practice through programs that build a healthy spirit, mind, and body for all. The 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 no one should be denied access to the Y based on their ability to pay. Through our Scholarship Program, the Y provides assistance to youth, adults, and families based on individual needs and circumstances. Our scholarship program is a helping hand for those who need a hand.

Committed to Our Community

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



Dear Applicant,

Thank you for applying for our scholarship program. Below we have compiled general information to better your experience. If you have any questions beyond the information listed below, please feel free to contact Tami (tami@gapiedmontymca.org or 770-868-2917).

- Our scholarship program reduces membership and program fees; it does not eliminate them.
- Outstanding balances on applicant's YMCA account will need to be paid before scholarship application can be processed
- It may take up to two (2) weeks for a completed scholarship application to be processed.
 - Uncompleted applications are subject to longer approval time
 - Check email (if provided) for information on scholarship application
- If approved, applicants will have thirty (30) days to activate their membership.
 - Once activated, the Scholarship will be valid for twelve (12) months.
- Applicants will need to reapply annually with updated information.
 - If applicant does not reapply at time requested, the membership will expire.
- All fees paid are non-refundable.

Date Accepted: _____

Staff Initials: _____

APPLICANT INFORMATION

NAME (PRINT)

DATE OF BIRTH

PREFERRED EMAIL

MAILING ADDRESS

CITY, STATE, AND ZIP CODE

PRIMARY PHONE NUMBER

BEST TIME TO CONTACT:

BEFORE or AFTER _____: _____ AM OR PM

PLEASE CIRCLE ONE:063

New or Renewal

TYPE OF MEMBERSHIP APPLYING FOR:

Check one

- Youth/Teen (3 months – 18 years old)
- One Adult (19- 64 years old)
- Household A (1 Adult + Dependents)
- Household B (2 Adults)
- Household C (2 Adults + Dependents)
- AOA (One Adult 65 or better)
- AOA Couple (2 Adults w/one 65 or better, No dependents)

LIST ALL HOUSEHOLD MEMBERS:

1. _____
FULL NAME DATE OF BIRTH

RELATIONSHIP TO PRIMARY

2. _____
FULL NAME DATE OF BIRTH

RELATIONSHIP TO PRIMARY

3. _____
FULL NAME DATE OF BIRTH

RELATIONSHIP TO PRIMARY

4. _____
FULL NAME DATE OF BIRTH

RELATIONSHIP TO PRIMARY

5. _____
FULL NAME DATE OF BIRTH

RELATIONSHIP TO PRIMARY

EXTRA ACTIVITIES APPLYING FOR:

- Basketball
- Soccer
- Karate
- Tumbling
- Pryme Tyme (After School Care)
- Before the Bell (Before School Care)
- Summer Day Camp
- Swim Lessons (group lessons only)
- Swim Team

TELL US MORE...

Use this space to include any additional information or extenuating circumstances not included on this application. If you need more space, please attach an additional sheet of paper.

Submit a copy of last year's tax return – form 1040 AND a copy of one of the following supporting documents:

- Last two pay stubs
- A letter from employer verifying current salary
- Schedule C from tax return if self employed
- Social security or disability check/award letters
- Unemployment income verification letter
- Wage statement from the Department of Labor if unemployed

YMCA FAX: (770) 868-2949

EMAIL: tami@gapiedmontymca.org

This application must be renewed every year with updated documents.

I certify the above information is true and complete to the best of my knowledge and I do not have any additional income not represented on this form. I agree, if necessary to send additional information and documentation to support the statements on this form. I understand that sponsorship assistance is based on need. In the event that I or my dependents cancel our membership, I will contact the YMCA immediately so assistance can be provided to others. I understand that this scholarship must be renewed yearly by submitting current updated forms of documentation and a new application. I understand any outstanding balances must be paid in full before I can qualify for a scholarship. I understand there are no refunds for participant fees, joiner's fee or membership fees.

Signature

Date

Here at the Y, we are focused on putting Christian principles into practice through programs that build healthy spirit, mind and body for all. Since we are a non-profit organization, we must raise funds annually to aid our scholarship program. It is funded by donations made through the Annual Campaign. We are grateful for the generous donations from our members and community, to make this program available.

The Y is focused on helping and meeting the needs of our community. To be able to help others we rely on our volunteers, and welcome anyone who would like to be a volunteer. If you are interested in becoming a volunteer please fill out the Volunteer Application.