



## *Gaston County Family YMCA*

Thank you for your interest in the **Gaston County Family YMCA**.

A Scholarship application is attached. Please complete this entire form, and carefully note the documentation requirements when preparing your application. (**Applications submitted without the required documentation cannot be processed.**) You may return your information to our Membership Service Desk:

**Gaston County Family YMCA**  
**Attn: Financial Assistance**

**Central Branch**

615 W. Franklin Blvd  
Gastonia, NC 28052  
704.865.8551

**Cherryville Branch**

119 W. Main Street  
Cherryville, NC 28021  
704.445.9622

**Pharr Branch**

208 Main Street  
McAdenville, NC 28101  
704.824.1131

**South Gaston Branch**

3210 Union Road  
Gastonia, NC 28056  
704.865.2193

**Stowe Branch**

196 YMCA Drive  
Belmont, NC 28012  
704.822.9622

Once we have received and reviewed your application, along with its corresponding documentation, please allow **7-14** days for processing. At that time, you will receive an award letter in the mail regarding your eligibility.

Please contact us if you have any questions. We look forward to serving you.



Office Use Only	
Date Received	_____
Date Completed	_____
%	_____
PROG	_____

## Gaston County Family YMCA Scholarship Assistance Application

### COMMISSION STATEMENT

The Gaston County Family YMCA welcomes all people who want to become members and program participants to our family. We strive to provide an opportunity for the entire community to become connected with our quality services, which are offered in a safe, Christian environment.

**“Carry each other’s burdens, and in this way you will fulfill the law of Christ.” Galatians 6:2**

### POLICY STATEMENT

It is the policy of the YMCA to offer membership and program participation to all individuals and families who desire to experience the life-changing services provided through our organization. People who are not able to pay the standard membership and program fees may be awarded financial assistance based on their income and their demonstrated ability to pay. Scholarships may be limited by the resources available at the time the application is processed. Applying for Scholarship Assistance is completely confidential.

### PHILOSOPHY

It is our philosophy that the most committed YMCA members are also YMCA volunteers. We strive to involve as many members and program participants as possible in volunteer opportunities.

### ELIGIBILITY

1. Applicants must live or work in a YMCA branch service area.
2. Assistance will be awarded on the basis of financial need. All fees are to be kept confidential, as they are specific to individual and family circumstances.
3. Scholarship eligibility will be reviewed annually or as deemed necessary.

### APPLICATION PROCESS

1. Complete the application and provide the following documentation. (Applications submitted without the required documentation cannot be processed.)
  - **Copy of Tax Return (for example: 1040, 1040A, 1040EZ)**
  - **One other form of documentation of income: Three consecutive pay stubs for each wage earner  
Social Security SSI Green/Gold Checks Stubs  
Unemployment Payments**
  - **Current copy of class schedule, if you are either a part- or full-time student.**

**NOTE: If married, documentation must be submitted for both spouses.**
2. Documentation of extenuating circumstances to be considered (for example: medical treatment, education costs, unemployment, etc.)
3. If renewing a scholarship, a one (1) page essay describing what the YMCA has meant to you and your family will be required.
4. Return your information to the Member Service Desk or mail it to the branch:
5. Your application will be processed within **7-14** days. At that time, you will receive a **Scholarship Certificate** in the mail regarding your eligibility.

## MEMBERSHIP ASSISTANCE

Please check the appropriate membership category:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Student (12 & over)         | <input type="checkbox"/> 1 Adult & Dependents        | <input type="checkbox"/> 2 Senior Adults & Dependents |
| <input type="checkbox"/> 1 Young Adult (19-25)       | <input type="checkbox"/> 2 Adults (26-61)            | <input type="checkbox"/> 3-5 Adults                   |
| <input type="checkbox"/> 1 Young Adult & Dependents  | <input type="checkbox"/> 2 Adults & Dependents       | <input type="checkbox"/> 3-5 Adults & Dependents      |
| <input type="checkbox"/> 2 Young Adults              | <input type="checkbox"/> 1 Senior Adult (62 & up)    |   |
| <input type="checkbox"/> 2 Young Adults & Dependents | <input type="checkbox"/> 1 Senior Adult & Dependents |   |
| <input type="checkbox"/> 1 Adult (26-61)             | <input type="checkbox"/> 2 Senior Adults             |   |

## SCHOLARSHIP ASSISTANCE CONFIDENTIAL APPLICATION

Please check the program(s) that you desire a scholarship for:

- |   |  |
|---|--|
| <input type="checkbox"/> Aquatics                           | <input type="checkbox"/> Youth Sports                    |
| <input type="checkbox"/> Summer Day Camp (list site): _____ | <input type="checkbox"/> After-School (list site): _____ |
| <input type="checkbox"/> Other(s) _____                     |  |

## GENERAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Street \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated/Divorced \_\_\_\_\_ Widowed

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Street \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Please list the first and last name of all dependents, living in your household, which you claim on your federal tax return.

Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_



Are you currently a YMCA Member? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, at which branch \_\_\_\_\_

Are you currently receiving financial assistance from any other YMCA branch in our Association?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain \_\_\_\_\_

How did you hear about our scholarship program? \_\_\_\_\_

The YMCA relies heavily on volunteers. We encourage all of our members and program participants to get involved. If you are interested in volunteer opportunities, please let us know in the space provided below.

I would like to volunteer at the YMCA? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, in what area(s) \_\_\_\_\_

### INCOME/ EXPENSE WORKSHEET

The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of our membership dues and/or program fees. All rates are to be kept confidential, as they are specific to individual and family circumstances. Please list and document all income and expenses.

#### Income:

\$ \_\_\_\_\_ Your Gross Monthly Income  
\$ \_\_\_\_\_ Spouse's Gross Monthly Income  
\$ \_\_\_\_\_ Child Support (receiving)  
\$ \_\_\_\_\_ Aid to Dependent Child(ren)  
\$ \_\_\_\_\_ Welfare (submit copy of card)  
\$ \_\_\_\_\_ Alimony (receiving)  
\$ \_\_\_\_\_ Other (please explain)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Expenses:

\$ \_\_\_\_\_ Rent/ Mortgage  
\$ \_\_\_\_\_ Utilities (total)  
\$ \_\_\_\_\_ Telephone (listed in your name)  
\$ \_\_\_\_\_ Vehicle Payment  
\$ \_\_\_\_\_ Vehicle Insurance  
\$ \_\_\_\_\_ Medical/Dental Expenses  
\$ \_\_\_\_\_ Tuition/ College Loans  
\$ \_\_\_\_\_ Alimony (paying)  
\$ \_\_\_\_\_ Child Support (paying)  
\$ \_\_\_\_\_ Child Care

\$ \_\_\_\_\_ TOTAL MONTHLY INCOME (Household) \$ \_\_\_\_\_ TOTAL MONTHLY EXPENSES

\$ \_\_\_\_\_ TOTAL ANNUAL INCOME (Household)

Do you share expenses with anyone else in your household? \_\_\_\_\_ Total number in household \_\_\_\_\_

How much per month do you feel you can afford for your YMCA membership? \_\_\_\_\_

