



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Partners with Youth Scholarship Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Boonslick Heartland 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 that no one should be denied access to the Y based on their ability to pay. Through our **Partners with Youth Scholarship Program**, the Boonslick Heartland YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

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

- A Partners with Youth Scholarship reduces membership fees; it does not eliminate them.
- Assistance is intended to be a source of help during times of financial hardship. The YMCA reserves the right to ask for updated/current income documentation at any given time. In doing so, you will receive notice by mail asking you to resubmit a Financial Assistance Application along with copies of all updated proof of income for continued assistance.
- Membership fees are subject to change when you reapply.
- Once processed, the Y will contact you by phone or email to notify you.
- Please contact your branch if you have any questions.



www.bhymca.org

Partners with Youth Scholarship Application

Apply for a Partners with Youth Scholarship in 6 easy steps!

1 APPLICANT INFORMATION (PRIMARY WAGE EARNER)

Name	
Mailing Address	
City	
State	ZIP Code
Home Phone	()
Cell Phone	()
Email	
Employer:	Hourly Wage:

2 SPOUSE OR SECONDARY WAGE EARNER INFORMATION

Name	
Mailing Address	
City	
State	ZIP Code
Home Phone	()
Cell Phone	()
Email	
Employer:	Hourly Wage:

3 DEPENDANTS

NAME	DOB

4 I AM APPLYING FOR

✓ Check category for which you are applying

<input type="checkbox"/>	MEMBERSHIP
<input type="checkbox"/>	PROGRAMS
<input type="checkbox"/>	CHILD CARE <small>(Missouri State Child Care Application/Eligibility Statement must be turned in with this app.)</small>

HAVE YOU EVER BEEN A MEMBER OF THE BHYMCA?

☐ YES : WHEN? _____ ☐ NO

HOW MUCH CAN YOU/YOUR FAMILY AFFORD FOR A Y MEMBERSHIP?

\$____.00 PER MONTH

5 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

↓ I FILED FEDERAL TAXES ↓
FOR LAST YEAR

or

↓ I DID NOT FILE FEDERAL TAXES ↓
FOR LAST YEAR or
MY HOUSEHOLD INCOME HAS CHANGED SINCE
I FILED TAXES FOR LAST YEAR

☐ 1040 Federal Tax Form(s)
for all incomes in household

☐ I am an individual filing jointly; I am
providing ONE 1040 form

☐ We filed more than ONE tax form in
our household; We are providing
____ 1040 forms.

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

☐ Documents showing most recent
30 days of income (including
pay stubs or documentation of
government assistance)

\$ _____ x 12 =
30 DAYS INCOME PER MONTHS
WAGE EARNER

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

PROCESSING OF APPLICATIONS TAKE 4-7 BUSINESS DAYS

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. Assistance is intended to be a source of help during times of financial hardship. The YMCA reserves the right to ask for updated/current income documentation at any given time. In doing so, you will receive notice by mail asking you to resubmit this application along with copies of all updated proof of income for continued assistance. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

6

Signature of person completing this form

Date

Attach all applicable financial documents and turn back in to your YMCA Welcome Desk.

FOR OFFICE USE

APPROVED YES NO

YMCA % YOU %

APPLICANT PAYS \$ /MONTH

REVIEWED BY DATE

AWARD LETTER IS VALID FOR 30 DAYS.

Payment plans are available.

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 Partners with Youth Scholarship because: