

Approved for _____ %

Approval date: _____ Expiration Date: _____



Greater Peoria Family YMCA Scholarship Application Process

All reduced membership rates will be based upon the household income and size of the family. A sliding scale is used to determine membership fees for all adults and children. Qualifying applicants will receive additional program scholarships.

Members must reapply annually.

Everyone Must Provide:

- An application **MUST be fully completed** for the household.
- Current Year's Federal Tax Return (1040) with dependents listed **(if dependents are not listed, please provide birth certificates for each child).**
- If there is an additional adult in the household who is not filing jointly with you, their individual 1040 form will also need to be submitted.
- PHOTO-COPIES of income documentation if current income does not match Taxes or you are providing a Non-Filing Letter.
 - **Examples: Unemployment, SNAP, Social Security, or Disability Summary of Benefits showing income for the year.**

To Obtain a Non-Filing Letter:

The IRS non-filing letter is for those who do not have a copy of or did not file taxes. All applicants must have a tax return or non-filing letter, regardless of employment status.

- If you do not file income taxes, you will need to provide YMCA with a non-filing letter from the IRS. To obtain the letter, call the IRS at **1-800-908-9946.**
(This is an automated system. You will be prompted to enter the appropriate information. Choose the option for "questions about your account" and follow the prompts.)
- Or you can visit <https://www.irs.gov/individuals/tax-return-transcript-types-and-ways-to-order-them>
- You can request this online or the IRS will mail the letter to your home within 10-15 days.

YMCA MISSION

To put Christian principles in practice through programs that build a healthy spirit, mind, and body for all.

Primary Adult

Last Name _____ First Name _____

Birthdate _____ Gender _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Emergency Phone _____

Email Address _____ Employer _____

Additional Adult **Mark if the same as above**

Last Name _____ First Name _____

Birthdate _____ Gender _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Emergency Phone _____

Email Address _____ Employer _____

Marital Status: Single Married Separated Divorced Widow

Employment Status: Full-Time Part-Time Unemployed Retired Disabled

Dependents Names: (Full time students 18-23 must provide class schedule or School ID)	Birthdate	Age	Grade	Relationship
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Please submit all household forms of income listed on the front of the application, or your application will be considered incomplete.

_____ **(Initial)** I certify that the preceding information is true and complete to the best of my knowledge. Falsification of information will result in termination of my scholarship and membership. I understand that lack of payment will result in scholarship cancellation; if my scholarship is cancelled, I understand I will have to reapply for a scholarship with all updated documentation.

_____ **(Initial)** I understand that payment is due, regardless of monthly Peoria YMCA visits.

Signature of Applicant _____ Date _____