



Greater Peoria Family YMCA Scholarship Application Process

All reduced membership or childcare rates will be based upon the household income and size of the family. A sliding scale is used to determine membership or childcare fees for all adults and children. **Please allow up to 2 weeks for application processing.**

Participants must reapply annually.

Please provide the following:

- An application **MUST be fully completed** for the household.
- Full-time Students in school ages 18-23 must provide class schedule and student ID with paperwork
- Personal ID for all adults in household
- Debit/Credit Card, or Bank Account Information
- Statement proof of additional subsidy assistance if necessary
- 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.*
- Absolutely no outstanding balances with either the YMCA or River Plex

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.

**Household Information:
Primary Adult (Account Holder)**

Last Name _____ First Name _____
 Birthdate _____ Gender _____
 Address _____
 City _____ State _____ Zip _____
 Primary Phone _____ Email Address: _____
 Employer: _____
 Emergency Contact Name: _____ Relationship: _____
 Emergency Contact Phone Number: _____
 Employment Status: Full-Time Part-Time Unemployed Retired Disabled

Household Information: List all adult individuals living in the household.

<u>Additional Adults in Home</u>	<u>Birthdate</u>	<u>Relationship</u>	<u>Phone</u>	<u>Employer</u>	<u>Email</u>

Marital Status: Single Married Separated Divorce Widow
Employment Status: Full-Time Part-Time Unemployed Retired Disabled

<u>Dependents</u>	<u>Birthdate</u>	<u>Age</u>	<u>Relationship</u>	<u>Grade</u>

Full-time Students in school ages 18-23 must provide class schedule and student ID with paperwork

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

How many people are in your household? _____

Please list all Household Income Information:

Sources of Annual income:

<u>Source</u>	<u>Amount (Annual)</u>	<u>Household Member who receives</u>
Employment		
Child Support		
SSI/Disability		
Unemployment		
Self-employed		
Other		

Do you receive any of the following subsidy assistance:

<u>Source</u>	<u>Amount</u>	<u>Household Member who receives</u>
SNAP/Link Card/Food Stamps		
TANF Funds		
Medicaid		
Federal or State Cash Assistance		
Sec 8/Public Housing		

Total Annual Household Income: \$ _____

Assistance Requesting:

Program applying for:

- Before and After School Care
- Teen Reach
- Camp and School's Day Out Breaks
- Membership
- Youth Sports Programs
- Youth Aquatic Programs

Reason for Assistance (check all that apply):

- Low income/ Financial Assistance Support
- Temporary hardship
- Job loss/reduced hours
- Medical hardship
- Other: _____

Certification and Signature

_____ **(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.

Applicant Signature: _____ Date: _____

Please note: Financial Assistance does not cover registration fees for membership, childcare, or programs

Received Date: _____ By whom: _____