

RICHARD G. SNYDER YMCA CAMPUS

Dear Applicant,

The Richard G. Snyder YMCA Y For All Scholarship program, supported in large part by the Annual Campaign, uses all available resources to provide support to those who have financial need to qualify for assistance. The Annual Campaign is the YMCA's yearly fundraising effort which relies on donations from individuals, corporations, and the generosity of those in the community to help make the Y experience a reality for all.

Eligibility for Financial Assistance is determined by household income and family size regarding the Federal Poverty Level Guidelines. To determine eligibility for assistance, all financial documentation for the household must be reviewed by authorized staff. Memberships are granted on a 6-month basis. At the end of the 6-month period, the applicant will need to reapply if necessary.

Please be sure to have the following items :

Y FOR ALL SCHOLARSHIP APPLICATION

As well as one of the following:

1040 TAX RETURN

SSI BENEFITS AWARD LETTER

TAX TRANSCRIPT

Non-Filer of Federal Income Tax

Please call the Internal Revenue Service at 1-800-829-8374 to request a letter of verification of non-filing status and submit it with your Y for All scholarship Application.

*Please allow up to 2 weeks for processing once all proper documentation is received.

Thank you for applying for the Y For All Scholarship,

Jeecy Cravens

Member Service Manager

1150 North Water Street

Kittanning, PA 16201

724-545-9622

www.rgsymca.org

Richard G. Snyder YMCA Campus
Y For All Scholarship Application

PRIMARY APPLICANT INFORMATION

Name	DOB	M / F / U	Home Phone	Mobile Phone
Address		City	State	Zip Code

EMERGENCY CONTACT INFORMATION

Name	Home Phone
Phone	Relationship to Primary Applicant

ALL PERSONS LIVING IN THE HOUSEHOLD

The Y defines a family as all persons within the household documented on Federal and State income tax files.

Second Applicant	DOB	M/F/U
Child Name	DOB	M/F/U
Child Name	DOB	M/F/U
Child Name	DOB	M/F/U
Child Name	DOB	M/F/U
Child Name	DOB	M/F/U
Child Name	DOB	M/F/U
Child Name	DOB	M/F/U

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 in this application. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarship assistance is based on documented needs and funds available. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. **I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.**

Signature

Date

Primary Applicant Name: _____ Date: _____

To properly evaluate each Y For All Scholarship application, authorized staff must review and record the applicant's current financial situation. Staff must list the total dollar amounts of all applicable income types (record gross income) and sign to verify that supporting documentation for each source of income listed was provided. Please also verify supporting proof for all included

This information and supporting documentation is required for the application to be processed.

I AM APPLYING FOR:

	ADULT
	ADULT SPECIAL NEEDS
	HOUSEHOLD
	SINGLE HOUSEHOLD
	SENIOR CITIZEN SINGLE
	2 SENIOR CITIZENS
	YOUTH
	YOUTH SPECIAL NEEDS
	SWIM LESSONS *Gifted by the Aiden Rupp Foundation
	DAY CAMP ASSISTANCE

TERMS AND CONDITIONS

The YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

I agree to abide by the rules and regulations of the YMCA, which are designed for the enjoyment of all its members. The protection of members and guests who are utilizing the YMCA is a paramount concern to the YMCA. We reserve the right to deny access of membership to any person(s) whose behavior is determined to be in conflict with the welfare and safety of other members and/or staff. This includes any person(s) who is registered as a sex offender; has plead guilty to or been convicted of any crime involving sexual abuse; or a crime against persons such as a child, spousal or parental abuse. It will also include any offense related to the sale or transportation of illegal, habit-forming or dangerous drugs; is presently clearly under the influence of intoxicating beverages or behavior modifying drugs. This code of conduct does not permit language or any other action that can hurt or frighten another person or that falls below a generally accepted standard of conduct. This includes inappropriate attire, angry or vulgar language, physical contact with another person in a threatening way, any demonstration of sexual contact or activity, harassment or intimidation by words, gestures body language, or any other manacing behavior, theft or behavior resulting in destruction of property. Parents are held responsible for the behavior of their children.

INFORMED CONSENT/LIABILITY WAIVER AGREEMENT

I/We, the undersigned, realize that there may be medical risks associated with physical exercise, the use of this facility, or use of the equipment within the facility. I/We also recognize that the YMCA cannot evaluate my/our physical abilities and medical limitations as they pertain to participation in programs, to use

Signature

Date

RGSYMCA OFFICE USE ONLY:

I have reviewed and verified supporting documentation as indicated above.	
_____ FINANCIAL ASSISTANCE COORDINATOR	_____ DATE
_____ MEMBERSHIP DIRECTOR	_____ DATE