



TRI-COUNTY YMCA OF THE OZARKS FINANCIAL SCHOLARSHIP REQUEST FORM

POLICY STATEMENT

If an individual financially qualifies, it is the policy of the Tri-County YMCA of the Ozarks to provide services for any person who desires to participate and understands the benefits of the YMCA, regardless of their ability to pay the standard membership or program fees. Those not able to pay the full fee may be awarded partial scholarship, based on their demonstrated need.

Eligibility:

1. Membership or program scholarship will be granted on an individual basis depending upon demonstrated financial need & the Y's available scholarship funds.
2. **In order to be considered eligible for a financial scholarship each applicant must complete the attached scholarship forms.**
3. The YMCA believes that ownership and pride are best developed when recipients of a financial scholarship contribute to the cost of their YMCA involvement. Thus, all eligible recipients will be asked to pay a portion of the membership/program fees. Where appropriate, a work program may be substituted for monetary reimbursement.
4. Eligibility for a financial scholarship must be renewed at the start of each membership or program period.

How to apply:

1. Applicants must complete all standard YMCA scholarship forms and send to:
Tri-County YMCA of the Ozarks
P O Box 541
Osage Beach, MO 65065
2. **PROOF OF INCOME MUST ACCOMPANY THE SCHOLARSHIP FORMS.** Proof should be in the form of a payroll check stub or your latest tax return.
3. After reviewing the scholarship forms the eligibility will be determined and the applicant will be contacted. Total family income is verified annually. Proof of income must be furnished by payroll check stubs and/or income tax return.
4. Applicants qualifying for DFS child care assistance **MUST, BEFORE APPLYING FOR A YMCA FINANCIAL SCHOLARSHIP,** contact their assigned case worker, requesting a letter verifying they qualify for DFS childcare funding and the amount per hour DFS will pay for such services. A copy of this letter **MUST** be stapled to the YMCA Scholarship Form, which all applicants submit to our office. **FAILURE TO DO SO WILL RESULT IN DISQUALIFYING THE Y FROM FURTHER FINANCIAL CONSIDERATION TO ALL YMCA CHILDCARE RELATED SERVICES.**

DATE: _____

YMCA OUTREACH PROGRAM SCHOLARSHIP APPLICATION

TO THE APPLICANT: It is important that you complete all portions of this application for your request to be considered. Failure to answer every question will automatically disqualify your application. Be specific in your request for a scholarship. Be very specific in completing the income section. Applicant must be 18 years of age or older.

AREAS OF SCHOLARSHIP

Membership: Y _____ N _____
Programs (Instructional classes): Y _____ N _____
Child Care (For school age children): Y _____ N _____

PERSONAL INFORMATION

Last Name: _____ Employer: _____
First Name: _____ Employer Address: _____
Middle Initial: _____
Address: _____ Work Phone: _____
City, State & Zip: _____ Hours worked each week: _____
County: _____ Are you paid weekly? _____
Social Security #: _____ Are you paid bi-weekly? _____
Home Phone: _____ Are you paid monthly? _____
Date of Birth: _____ Pay rate amount? _____
Marital Status: Married _____ Divorced _____ Widowed _____ Single _____

INCOME SECTION

			Monthly Amount
Do you receive retirement or pension benefits?	Y _____	N _____	_____
Do you receive unemployment?	Y _____	N _____	_____
Do you receive workmen's comp?	Y _____	N _____	_____
Do you receive child support?	Y _____	N _____	_____
Do you receive maintenance (alimony)?	Y _____	N _____	_____
Do you receive AFDC/ADC?	Y _____	N _____	_____
Do you receive food stamps?	Y _____	N _____	_____
Do you receive Social Security benefits?	Y _____	N _____	_____
Do you receive foster care income?	Y _____	N _____	_____
Do you receive general relief?	Y _____	N _____	_____
Do you receive housing subsidy?	Y _____	N _____	_____
Do you receive utility allowance?	Y _____	N _____	_____
Do you receive income from property you own?	Y _____	N _____	_____

Case worker Name & Phone #: _____

EDUCATION SECTION

Are you presently enrolled in school? Y _____ N _____ Where? _____
Full time hours: _____ Part time hours: _____
Are you receiving financial aid? Y _____ N _____
List amount receiving in grant each semester: _____
List amount receiving in work study each semester: _____
List amount receiving in student loans each semester: _____

MISCELLANEOUS INFORMATION

If you are receiving disability, please explain your disability: _____

Are you willing to serve as a volunteer at the YMCA? Y _____ N _____
If so, in what capacity? _____

The YMCA has permission to release my name to any person/persons who may sponsor my participation: Y _____ N _____

SPOUSE INFORMATION

Last Name: _____ Employer: _____
 First Name: _____ Employer Address: _____
 Middle Initial: _____
 Address: _____ Work Phone: _____
 City, State & Zip: _____ Hours worked each week: _____
 County: _____ Are you paid weekly? _____
 Social Security #: _____ Are you paid bi-weekly? _____
 Home Phone: _____ Are you paid monthly? _____
 Date of Birth: _____ Pay rate amount? _____
 Marital Status: Married _____ Divorced _____ Widowed _____ Single _____

			Monthly Amount
Do you receive retirement or pension benefits?	Y _____	N _____	_____
Do you receive unemployment?	Y _____	N _____	_____
Do you receive workmen's comp?	Y _____	N _____	_____
Do you receive child support?	Y _____	N _____	_____
Do you receive maintenance (alimony)?	Y _____	N _____	_____
Do you receive AFDC/ADC?	Y _____	N _____	_____
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Do you receive Social Security benefits?	Y _____	N _____	_____
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Do you receive general relief?	Y _____	N _____	_____
Do you receive housing subsidy?	Y _____	N _____	_____
Do you receive utility allowance?	Y _____	N _____	_____
Do you receive income from property you own?	Y _____	N _____	_____

Case worker Name & Phone #: _____

Are you presently enrolled in school? Y _____ N _____ Where? _____
 Full time hours: _____ Part time hours: _____
 Are you receiving financial aid? Y _____ N _____
 List amount receiving in grant each semester: _____
 List amount receiving in work study each semester: _____
 List amount receiving in student loans each semester: _____

If you are receiving disability, please explain your disability: _____

DEPENDENT CHILDREN 17 YEARS AND YOUNGER LIVING IN YOUR HOME

LAST NAME	FIRST NAME	DATE OF BIRTH	AGE	NATURAL CHILD		FOSTER CHILD		SCHOOL
				Y	N	Y	N	

Are any of the dependent children listed above receiving Social Security Survivor benefits? Y ___ N ___

By signature, I certify that information provided on this form is correct, and I agree to provide copies of documents to verify income and financial need. I understand that I am extended the same benefits and privileges of membership; therefore, I am obligated to abide by the same rules and regulations.

APPLICANT'S SIGNATURE _____ DATE _____

Please note your specific reasons for wanting to participate with the YMCA: _____

RELEASE FORM

I, the undersigned, request permission for (list all family members): _____

to enter the Tri-County YMCA of the Ozarks (hereinafter "YMCA") in Osage Beach, MO and to participate in any YMCA activities, including but not limited to: YMCA fitness center and all sporting and recreational activities. I know and I assume all those risks, whether those risks arise while on or off the YMCA premises.

In consideration of the permission granted to enter the YMCA premises and/or participation in the aforementioned YMCA activities, I release and discharge the owners, operators, and sponsors, as well as all other persons connected with the aforementioned YMCA from all claims, demands, actions and causes of action for any sort of personal injury or damage to my property relating to my presence on the YMCA premises and/or participation in any YMCA activities to the extent that those injuries arose from the negligence or any other fault of those connected with the YMCA.

I represent and certify that I am 18 years of age or older, and that my attendance and participation in the YMCA activities is voluntary, and that I am not an employee or agent of the owners, operators or sponsors of the YMCA premises and/or activities.

I CERTIFY THAT I HAVE READ AND THAT I UNDERSTAND THE FOREGOING REQUEST AND RELEASE ON THIS _____ DAY OF _____ 20__.

Applicant (18 years or older)

Parent or Guardian, if minor

DOCUMENTS (COPIES ONLY) TO VERIFY THE FAMILY'S GROSS MONTHLY INCOME MUST BE SUBMITTED WITH THIS APPLICATION.