



Titusville YMCA Scholarship Program for YMCA Programs

The Titusville YMCA offers quality, affordable programs and services designed to benefit people of all incomes and backgrounds. Through generous contributions from YMCA members and friends, no one is turned away from the YMCA due to the inability to pay. All records are kept confidential. A sliding scale is used to determine what level of assistance will be awarded. You will be expected to pay a portion of your program fee.

How to Apply for Financial Assistance at the Titusville YMCA:

1. Completely fill out the financial assistance application.
2. Turn in the application and provide complete financial verification to the YMCA member service desk (see income verification guidelines).

Income Verification Guidelines:

Financial assistance applicants must provide the following financial verification:

1. Last two (2) paycheck stubs -OR-
2. Government Assistance: Notice of Decision
3. Social Security Disability: Letter from Social Security Office or Notice of Decision stating the monthly benefit amount. This often needs to be accompanied by government assistance income as applicable.
4. Unemployed: Notification of eligible benefits from unemployment office. Federal tax return will still be needed, unemployment is taxable income.
5. Full-time college student: Letter from the registrar's office indicating a current full-time student status. A student schedule is not adequate documentation.
6. No Income: The YMCA needs the income verification of the person supporting the applicant. Example: John does not work and is living with his grandmother. Since she is providing him with room and board, the YMCA will need a letter from the grandmother stating the situation.
7. Information must be submitted every year or upon a change in income or circumstances, whichever comes first. A change in income or situation may result in an adjustment in your scholarship award.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TITUSVILLE YMCA

Program Financial Assistance Application

Available for YMCA Members and YMCA's Diabetes Prevention Program Participants

Please Print Program Participant's Information Legibly

Name: _____ Birthdate: _____ M _____ F _____

Address: _____ City/State/Zip: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

YMCA Program: _____

- Check if you have already completed the below information and submitted income verification forms this year. If so, please skip to the signature at the bottom of this page. If not, please complete the form and submit income verification forms.

Please list all additional family members in the household:

Name _____ Date of Birth _____ M ___ F ___ Relationship _____

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Please attach an additional sheet or continue on the back of this form if there are additional family members in the household.

Financial Information: Please list all household income from all sources, along with copies as proof.

\$ _____ Gross paycheck(s)

\$ _____ Alimony/Dependent Support

\$ _____ Supplemental support (Veterans benefits, Social Security, public assistance, etc.)

\$ _____ Other income (in-home business, childcare, etc.)

\$ _____ Total monthly income

Additionally, you MUST supply the most recent copy of your Federal Tax Return in order to be considered for financial assistance.

By my signature, I am requesting assistance from the YMCA due to my personal circumstances and I certify that all information provided is correct. I agree to notify the Titusville YMCA of any changes to my financial circumstances.

SIGNATURE

DATE

YMCA use only:

Program Name	Total Program Cost	Percentage Paying	Final Program Cost
Program Dates	CEO approval		

The Titusville YMCA is committed to the policy that all persons shall have access to all of its programs, facilities and employment without discrimination based upon race, religion, color, creed, sex, national origin, age, physical or mental disability or financial hardship.

