



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ALL ARE WELCOME

## YMCA Membership & Program Scholarship Application

### ◆ THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living & fostering a sense of social responsibility, the Greater Susquehanna Valley YMCA ensures that every individual has access to the essentials needed to learn, grow & thrive.

### ◆ EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate & believes that no one should be denied membership based on their ability to pay. The Greater Susquehanna Valley YMCA provides membership assistance to youth, adults & families based on individual needs & circumstances.

### ◆ COMMITTED TO OUR COMMUNITY

Determining scholarship amounts is handled in a fair & consistent manner. Every YMCA member receives the same membership benefits, regardless of whether they are receiving a scholarship. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people and is committed to youth development, healthy living & social responsibility.

## SCHOLARSHIP PRINCIPLES

The Y gives assistance to anyone who desires to participate, regardless of their ability to pay established membership or program fees. This may be due to temporary unemployment, unexpected medical expenses or other extenuating circumstances.

Those not able to pay the full fee may receive assistance based on their financial ability. The Y scholarship program reduces membership and/or program fees; it does not eliminate them.

Our program is funded through generous contributions from individuals & businesses in the community. Scholarships are granted for a specific time period, usually 12 months. The YMCA requires that applicants reapply annually, with updated documentation.

## TO OBTAIN A SCHOLARSHIP

Complete this application form on the reverse side & return it with proof of income to one of our YMCA locations. We will review the information & respond back within 20 business days of the date recorded on the application. *All information will be kept confidential.*

## CHILDCARE

Before submitting your application to the YMCA, you must first apply to ELRC for funding. You can obtain an application online at:

<http://www.dhs.pa.gov/citizens/childcareearlylearning/childcareworkssubsidizedchildcareprogram/index.htm>

- If you are denied ELRC assistance, you may then apply to the YMCA for financial assistance.
- You must attach the denial letter from the county to your YMCA application.

Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

# Instructions for completing the application

\*All information will be kept confidential\*

- 1) Select Your Branch.  
Which YMCA do you want to go to?
- 2) Applicant Information.  
Please fill in the primary member's information.
- 3) Income Information.  
Scholarship Checklist:  
Please check each item that applies to you.  
You will need to turn in documentation for each item you check along with your application.  
You must include income for everyone in your home.  
Applicant Employer:  
Tell us where you work, how many hours and how much money you make in one year.  
Additional Adult Employer:  
If another adult lives in your home, write their employer information here.
- 4) Please write why you need a scholarship.  
This is where you can explain if you have any extenuating circumstances.
- 5) All Persons Living in this Household.  
Please list everyone who lives in your home.
- 6) Type of Membership or Program.  
Please check which type of membership you would like and/or which program you would like to participate in.

Turn in the application and ALL income paperwork to the YMCA. We will review your information and contact you within 20 business days.

## Income Guidelines

You may qualify for a scholarship based on the following total household income scale:

Household of 1—less than \$44,300

Household of 2—less than \$53,300

Household of 3—less than \$57,800

Household of 4—less than \$62,300

Household of 5—less than \$71,200

Household of 6—less than \$75,700

# YMCA Membership & Program Scholarship Application

## 1 Select your branch

Sunbury YMCA  
1150 North 4th Street  
Sunbury, PA 17801  
570.286.5636  
Contact: Katrina Mouery

Milton YMCA  
12 Bound Avenue  
Milton, PA 17847  
570.742.7321  
Contact: Kellie Bates

Mifflinburg Center  
333 East Chestnut Street  
Mifflinburg, PA 17844  
570.966.7273  
Contact: Angela Haines

Lewisburg YMCA  
at the Miller Center  
120 Hardwood Drive  
Lewisburg, PA 17837  
570.556.4191  
Contact: Fawn Landis

## 2 Applicant Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

## 3 Income Information

*All documentation requested below is required to process this scholarship application.*

### SCHOLARSHIP CHECKLIST (Check all applicable):

- ◇ Scholarship Application Completed & Signed
- ◇ Most Recent Tax Form (Form 1040)
- ◇ Unemployment Benefit Statements
- ◇ Current Social Security/Disability Statement
- ◇ Food Stamps Documentation
- ◇ Class Schedule (If College Student)
- ◇ ELRC Denial Letter (When applying for Child Care)

Applicant Employer: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Gross Annual Income: \$ \_\_\_\_\_

Additional Adult Employer: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Gross Annual Income: \$ \_\_\_\_\_

**Total gross annual income from all sources:**  
\$ \_\_\_\_\_

Amount You Think You Can Pay: \$ \_\_\_\_\_

## 4 Please give a brief explanation of why you need a scholarship. Attach a separate letter if desired.

I understand that this scholarship is short term only & I must reapply annually for future scholarships. In accordance with the YMCA core values of caring, honesty, respect, and responsibility, I verify that the information provided on this application is accurate. 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 of person completing this form

## 5 All Persons Living in this Household

Name	D.O.B.	Age	Gender

## 6 Type of Membership or Program

Is this a membership renewal?    Yes    No

- ◇ Youth (Up to Age 13)
- ◇ Young Adult (Ages 14-18)
- ◇ Adult (Ages 19-61)
- ◇ Couple
- ◇ Family (Spouse or 2 persons living within the same household and/or children up to the age of 26 if living in household)
- ◇ Senior (Ages 62 & Up)
- ◇ Senior Couple (Two adults over the age of 62 living in the same household)

AND/OR

- ◇ Before/After School Child Care (SACC)
- ◇ Child Care/Day Camp
- ◇ Giant Step
- ◇ Swim Lessons
- ◇ Other \_\_\_\_\_

FOR OFFICE USE ONLY:

Assistance Granted: \_\_\_\_\_ %    Membership Type: \_\_\_\_\_    Staff Signature: \_\_\_\_\_    Date: \_\_\_\_\_