

Scholarship Application Process

The Lake Wales Family YMCA is a resource of recreational and social services that enrich the spirit, mind and body. In order to extend to more of the community, we provide assistance to those in financial need. As much as we would like to provide each applicant with assistance, please be aware that our Annual Scholarship Fund is limited.

The Board of Directors conducts an Annual Support Campaign to raise funds to give back to the community to meet the YMCA's mission. Financial Assistance is provided through generous contributions made by individuals and businesses in the community through the YMCA and the United Way of Central Florida. Assistance is based upon availability of funds.

Eligibility:

1. Assistance is granted based on financial need. You must be working or a full time student to apply for childcare assistance. We consider household income and number of household dependents as primary criteria. Assistance is given based upon a sliding scale. **Only dependents listed on the tax return will be eligible.**
2. Scholarships are granted for six-months or less. Upon expiration, the recipient must reapply with all new and current information for the upcoming year. After six months, the scholarship will expire if no action is taken. We recommend that you reapply one month before the scholarship expires to prevent a lapse.
3. **Family memberships include a legally married husband, wife and dependent children under the age of 21.** All others will need to apply separately.
4. Scholarships will be awarded on either Membership or Programs (Preschool, School Age Care, Summer Camp, Sports and Aquatics). A scholarship awarded on membership entitles the recipient to member pricing on programs. **Please choose either MEMBERSHIP or PROGRAMS on your application.**
5. Our budget does not allow us to award scholarships on Private Swim Lessons or in the Infant Room except in extreme cases where the situation is handled on a case-by-case basis. We do not offer scholarships to Arbor recipients.

How to apply:

1. Complete and sign application. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**
2. Attach a copy of your most recent income tax return, Form 1040 or Form 1040 EZ, State ID and current pay stub.. If you do not file a tax return and/or receive social security, disability or other income, attach a copy of your most recent benefit statement for income verification or attach a letter with a explanation if not receiving benefits.
3. Attach a copy of college or vocational school enrollment if you are a full time student and need after school care or summer camp assistance. **ONLY FULL TIME STUDENTS WHO ARE NOT WORKING ARE ELLIGIBLE FOR A YMCA SCHOLARSHIP**
4. Applicants interested in Childcare **must** first apply to Arbor Education & Training; Arbor Education is located in the Farm Credit Bldg., 2nd Floor, 115 S. Missouri Ave., phone 863-577-2450. Arbor Education & Training is an independent funding agency and may be able to offer more assistance than the YMCA is able to provide. Arbor recipients are not eligible for a YMCA scholarship unless they are on the Arbor waiting list.
5. MAIL application to: Lake Wales Family YMCA, 1001 Burns Ave, Fl, 33853
Attention: Financial Assistance
6. Allow up to 2 weeks for processing.
7. You will receive a letter stating the amount of subsidy the YMCA can provide.
8. Bring letter to the YMCA front desk to sign up. And start enjoying your membership/programs the same day!

IN THE CASE OF HUSBAND AND WIFE, PLEASE MAKE SURE THAT BOTH SIGNATURES ARE ON THE APPLICATION AND DOCUMENTATION FOR BOTH IS ATTACHED.

*All information contained in the scholarship application will remain confidential. Incomplete applications will not be accepted. **Faxed applications will not be processed.***



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LAKE WALES FAMILY YMCA

1001 Burns Ave Lake Wales, FL 33853
863-676-9441

Scholarship Application

_____ Last Name _____ First Name _____ M.I.

_____ Sex: M F
_____ Date of Birth _____ Social Security Number

Is this scholarship a renewal? YES NO

_____ Address _____ City _____ State _____ Zip _____

_____ Home Phone Number _____ Alt. Phone Number _____ Email Address _____

LEGAL DEPENDANTS

NAME	DATE OF BIRTH	SEX	SOCIAL SECURITY
Spouse:			
Children:			

APPLICANT'S EMPLOYMENT INFORMATION

Employer:	Phone:
Occupation:	Supervisor:
Length of Employment:	Hours Weekly:

SPOUSE'S EMPLOYMENT INFORMATION

Employer:	Phone:
Occupation:	Supervisor:
Length of Employment:	Hours Weekly:



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INCOME INFORMATION

Total monthly income from employment only:	\$
Other Income (child support, public assistance, student loans, etc.): (not listed on income tax return)	\$
Total monthly income before taxes:	\$

EXPENSE INFORMATION

Rent/Mortgage:	\$
Utilities:	\$
Food:	\$
Other:	\$
List any extraordinary expenses:	\$

PROGRAM INFORMATION

Please check one box: (If you check programs, circle the program(s) that you are interested in)

Membership Programs Childcare Aquatics Sports

Have you ever received a scholarship from the YMCA? Yes No

If so, which program? Membership Childcare Aquatics Sports

Are you a current member of the YMCA? Yes No

Have you applied with Early Learning Coalition? Yes No

Please read the following and sign below:

I hereby certify that the information in this application is true, accurate, and complete to the best of my knowledge. I am aware that it is my responsibility to notify the YMCA in writing of any changes in the information supplied on this application, as it may affect my eligibility for financial assistance. I understand that every part of this application must be completed and that I must provide adequate proof of income in order for my application to be processed. I understand that incomplete applications cannot be processed.

Signature of Applicant

Date

Signature of Spouse

Date

PLEASE ATTACH REQUESTED INFORMATION TO THIS APPLICATION



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Scholarship Approval

Official Use ONLY

Approval Date: _____ Denied Date: _____

Name: _____

Address: _____

Phone: _____

Type of Scholarship:

Membership:	Family	Adult	Youth	Senior	Senior Couple
Program:	Sports	Child Care			

Amount Joiners/Registration Fee: _____

Monthly Fee: _____ Six-Month Fee: _____

Percent Off: _____

Must Sign up by Date: _____

Program Director: _____

Finance Committee: _____

Notes: _____

This form is used in house ONLY! All paperwork must be forwarded to the Finance Committee then distributed to the Program Director. The Program Director will mail an approval letter to the recipient's house. A copy of the letter along with the application and this form should be returned to the Finance Committee to keep on file.