



# GREATER WICHITA YMCA INCOME BASED FINANCIAL ASSISTANCE APPLICATION

Apply for a Scholarship in 7 easy steps!

## 1 APPLICANT INFORMATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

If applicant is under 18, parent/legal guardian's name:  
\_\_\_\_\_

## 2 2ND ADULT INFORMATION - if applicable

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

Phone: ( ) \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

## 3 ALL PERSONS LIVING IN THIS HOUSEHOLD:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Relation: \_\_\_\_\_

### OFFICE USE ONLY

Member #: \_\_\_\_\_ Application Date: \_\_\_\_\_

AGI: \_\_\_\_\_ Scholarship %: \_\_\_\_\_

Unemployed  College student  Other \_\_\_\_\_

Staff Member Initials: \_\_\_\_\_ Length of Approval \_\_\_\_\_

Date entered into notepad: \_\_\_\_\_

rev. 04/30/18

## 4 I AM APPLYING FOR

X Select category for which you are applying.

YOUTH

ADULT (18 & older)

FAMILY\*

ACTIVE OLDER ADULT - ages 65+ Single

ACTIVE OLDER ADULT - ages 65+ Couple

\*One or two adults & their legal dependents age 23 & under residing in the same household.

## 5 TO APPLY FOR ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS FOR EACH ADULT IN THE HOUSEHOLD:

I FILED FEDERAL TAXES for last year and/or receive Social Security:

1040 Federal Tax Form(s) for ALL ADULTS in house hold

SSI/Disability Award Letter

I DID NOT FILE Federal Taxes for last year.

We don't accept W-2's or bank statements

## 6 TELL US MORE...

If there is more information that is needed to share with us that is not included in this form, please attach those documents along with this application. Also tell us how a YMCA membership will benefit you and/or your family. (use the back of this form)

## 7

I hereby certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA in writing of any changes in information supplied in this application such as income, address, living arrangements, marital status or other matters that might affect my eligibility for financial assistance. I understand that failure to comply with YMCA policies can and may result in immediate revocation of membership and program privileges.

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date

Attach all application financial documents and turn in at your local YMCA. Approval process takes 5-7 business days. After notification, Greater Wichita YMCA will destroy all documents after 60 days.

