



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: _____

(Must be different than Adult #1)

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

ID#: _____

Application Date: _____

AGI: _____

Scholarship %: _____

☐ 6 Month Approval ☐ LOM

Staff Member Initials: _____

Date entered into Contact Tracking: _____

rev. 11/6/20

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.

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.

GREATER WICHITA YMCA
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FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

[illegible]**STAFF USE ONLY**

SOURCE OF INCOME	APPLICANT #1			APPLICANT #2		
	WEEKLY	BI-WEEKLY	MONTHLY	WEEKLY	BI-WEEKLY	MONTHLY
Salary, Wages & Tips						
Unemployment						
Social Security/Disability						
Food Stamps						
Cash Assistance						
Child Support						
Alimony						
Retirement						
Other						

TOTAL COMPUTED INCOME: _____