



**For Youth Development
For Healthy Living
For Social Responsibility**

LaPorte County Family YMCA Scholarship Application

Dear Applicant,

It is the policy of the LaPorte County Family YMCA to provide services to all those who need them regardless of their ability to pay established fees. Scholarship Assistance is possible due to donations made through the United Way, Friends of the YMCA and the community.

Scholarship Assistance will be granted on the basis of need as demonstrated by household income or extenuating circumstances. The Scholarship guidelines, as developed by the Board of Directors, will be used as eligibility criteria.

All applications must be completed thoroughly and accurately, including documentation of all types of income for 1 month. Once you have all of the required proofs you should call and make an appointment with Dorothy. I will review your records and tell you what we can offer, according to your income and/or circumstances.

We have a yearly campaign to help fund this Scholarship Program, to reach persons interested in using our facilities to improve their health, meet positive people and enjoy what we have to offer. We are asking scholarship members to help with various departmental activities or events on a "volunteer" basis at least 1 hour per year.

If you have any questions, please contact Dorothy Moellman at 219/325-9622, Ext. 115.

**LaPorte County Family YMCA
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Join us on facebook**



Date Received _____

LaPorte County Family YMCA
Scholarship Assistance Application

Membership ____ Program ____ Both ____

Name _____ Spouse _____

Address _____ Phone# _____

City _____ State _____ Zip _____

Marital Status: Married Single Parent Family Single

Employment Information

Your Employer: _____ How long employed _____

Spouse Employer: _____ How long employed _____

Are you currently enrolled in college? _____

If yes, where? _____ Part-time Full-time

Name of person(s) applying for the Scholarship Program

1. _____ M F Age _____

2. _____ M F Age _____

3. _____ M F Age _____

4. _____ M F Age _____

5. _____ M F Age _____

6. _____ M F Age _____

7. _____ M F Age _____

Have you ever received Scholarship assistance from the LaPorte Family YMCA? _____
If so, when? _____

Monthly Household Income

Your gross income from all wages and salaries: _____
Spouses gross income from all wages and salaries: _____
Do you receive Child Support, if so how much: _____
Social Security or SSI: _____
Food Stamps _____
Unemployment Benefits: _____
Workers Compensation: _____
Pension/Retirement Benefits: _____
Cash Income: _____
Investments: (savings, CD's, stocks, bonds, etc) _____
Alimony _____

Total Monthly Income _____

General:

Please describe the reason you would like to receive Financial Assistance from the YMCA.

Mandatory Documents needed:

Please enclose the following with this Scholarship Application:

- Copy of last years 1040 Federal Income Tax form
- 1 months most recent check stubs showing year to date earnings, Unemployment
- Documentation of food stamp amount/Social Security income/Child Support
- Wage transcript and benefit computation form from the unemployment office

In completing this application and signing it, I certify that the information supplied is true, accurate and complete to the best of my knowledge.

Applicant signature _____ Date _____

For YMCA use only:

Date Reviewed: _____ Amount Granted _____ % \$ _____

Type of Membership _____ Program _____

Areas of Interest

Please check areas of interest: Fitness__ Aquatics__ Adult Sports__ Youth Sports__
School Age Program__ Child Care__ Pre-School__ Volunteer__ Cheerleading__

YMCA Waiver:

By signing below, I understand that the YMCA is not responsible for any loss or injury during programs or activities. I also understand that all members, participants, and guests must have personal insurance and that in the case of a claim, the participants or parents (in the case of a minor) insurance is the primary carrier and that the YMCA's insurance will be the secondary carrier. I agree that any claim must go through my own insurance before the YMCA's insurance will cover any losses or claims. Furthermore, I will allow the YMCA to use my likeness or name in our advertising and marketing pieces. I understand and accept that the YMCA is not responsible for lost or stolen articles at the YMCA. I have been told that the Y strongly recommends that members, guest and participants lock their belongings in a locker that the YMCA provides free of charge. I understand and accept that the YMCA is not responsible for damage to vehicles in our parking lot or tickets for illegal parking. I understand and accept that exercise, by its nature, is a dangerous activity since it raises the heart rate and alters many body functions. I hereby hold the YMCA of LaPorte, its staff and/or volunteers harmless for any injury or condition that my result from participating in any YMCA activity or program. Lastly, I understand memberships are non-transferable and non-refundable.

Date_____Signature_____

Staff Initials_____

Areas You Would Like To Volunteer Your Time:

Youth Sports:	Membership Services:	Wellness:	Children Programs:	Other:
Basketball__	Greeter_____	Triathlon__	Preschool__	4 th of July Parade__
Soccer__	Office_____	Nursery__	Childcare Center__	YMCA Run__
Volleyball__			Summer Camp__	Strong Kids Campaign__
				Family Fun Nights__

We appreciate any time you can volunteer at the LaPorte County Family YMCA. Please let us know how many hours you are looking to volunteer, either in a week or a month. Also, if your child is in Girls Reserve Club, or any other social activity they can fulfill their volunteer hours here. Hours per week available_____ Hours per month available_____

YMCA Member Services Staff to Complete

Membership Type:

College at home (College Name)_____

College on Campus (College Name)_____

Adult__ Single Parent Family__ Family__

FT Staff Department_____ PT Staff Department_____

Scholarship__ Percent off_____ Start and end dates_____

Payment Type:

Checking or Savings__ Credit Card__ Full Pay__ Gift Certificate__

Short Term__ (months) Silver Sneakers__

Corp PRD__ Corp Credit Card__ Corp Checking or Savings__ Corp Full Pay__

Corporate Name_____