



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **LA PORTE COUNTY FAMILY YMCA** **Caring For Community** **Scholarship Program**

Dear Applicant,

The La Porte County Family YMCA is committed to improving and enriching the quality of life for all members in our community.. Our Caring For Community Scholarship Program was founded to ensure that all have access to our programs and services, regardless of their financial situation. Scholarships are awarded in the following categories: Membership, Aquatics, Youth Sports, Youth Enrichment Programs, Childcare, Early Education, Summer Camp, and more. This program is funded through donations made by friends of the YMCA, community partners and supporters.

Our scholarship guidelines, developed by our Board of Directors, are used as eligibility criteria. We take into account not only your financial situation, but any extenuating circumstances that you may be currently facing.

All applications must be completed thoroughly and accurately, and all documentation must be provided before your application will move on to the review process.

We kindly ask that all scholarship recipients contribute time back to the Y through departmental activities or events on a volunteer basis, at a minimum of 1 hour per year.

If you have any questions about the application process, please feel free to reach out to our staff at any of our locations.

[www.lpymca.org](http://www.lpymca.org)

LA PORTE BRANCH  
901 Michigan Avenue  
La Porte IN 46350  
219.325.9622

ELSTON BRANCH  
1202 Spring St, Door L  
Michigan City IN 46360  
219.221.4055

LONG BEACH BRANCH  
2501 Oriole Trail  
Long Beach IN 46360  
219.879.1395

CHILDCARE CENTER  
2510 Monroe St  
La Porte IN 46350  
219.326.7646



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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? \_\_\_\_\_



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**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.

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**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/Disability

**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 \_\_\_\_\_





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**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:**

<b>Youth Sports:</b>	<b>Membership Services:</b>	<b>Children Programs:</b>	<b>Other:</b>
Basketball __	Greeter__	Preschool__	4 <sup>th</sup> of July Parade__
Soccer__	Office __	Childcare Center__	Fundraising __
Volleyball__		Summer Camp__	Family Fun Nights__
			Tour de La Porte __

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\_\_\_\_\_