



Everyone is welcome at the Summerville Family YMCA!

We never want to turn anyone away from the YMCA experience because of their inability to pay for the full cost of membership; therefore a scholarship program has been created to help individuals and families who require financial assistance.

Our Scholarship Program is confidential and has been designed to take into account the financial situation of each individual. YMCA members can feel great knowing that they are involved with an organization that cares greatly for the health and well-being of all people.

Requirements:

- Applicants must be over the age of 18 and must reside within the Summerville Family YMCA service area (50 miles).
- Assistance will not be granted to the student or senior citizen, due to the fact that they are already eligible for a reduced membership rate.
- The Poverty Guidelines for the US Department of Health and Human Services will be used as initial eligibility criteria.
- Financial assistance will be granted for 1 year. Recipients will be required to reapply prior to the 1 year expiration date. Memberships receiving a scholarship discount will be terminated without renewal.
- Members who are receiving a membership scholarship will be required to workout at a YMCA facility at least 8 times per month.
- It is our feeling that a strong sense of ownership will be developed if the scholarship recipient contributes to the cost of the YMCA involvement. Therefore, recipients will be asked to pay a joining fee of \$25 and a portion of their monthly membership dues upon activating membership. A maximum scholarship of 50% will be awarded.
- Once a scholarship has been granted, the agreed upon monthly payment must be made on time or the scholarship status may be re-evaluated.

How to Apply: Complete the attached scholarship assistance application and attach the necessary photocopies and request letter. Return the application to the membership director. Financial assistance will be determined based upon a thorough review of your application and may take up to two weeks.

Application for Scholarship Assistance

Instructions: Please fill out the following information and attach the necessary photocopies. A brief letter stating the reason for your request for scholarship assistance is also required.

Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Email: _____ Place of Employment: _____

How long have you worked there? _____

Family Members Information, if applicable:

Name: _____ Birth Date: _____

School/Employer: _____

Name: _____ Birth Date: _____

School/Employer: _____

Name: _____ Birth Date: _____

School/Employer: _____

Name: _____ Birth Date: _____

School/Employer: _____

Are you a single parent? Yes No

Please check what category of financial assistance you need Membership: Family Adult

Do your children receive free or reduced lunch? Yes No

Are you currently facing any extraordinary hardships? _____

What is the dollar (\$) amount you are willing or able to pay for your membership? \$ _____
(per month)

| INCOME | AMOUNT | EXPENSES | AMOUNT |
|------------------------------|--------|-----------------------|--------|
| Wages, Tips, Salary | \$ | Rent/Mortgage | \$ |
| Unemployment Compensation | \$ | Utilities (total) | \$ |
| Social Security Compensation | \$ | Food | \$ |
| Child Support Income | \$ | Gas | \$ |
| Alimony | \$ | Phone | \$ |
| Aid to Dependent Children | \$ | Car Payment/Insurance | \$ |
| Food Stamps | \$ | Health Insurance | \$ |
| 401K/Retirement Income | \$ | Medical Bills | \$ |
| Other: | \$ | Child Support payment | \$ |
| Other: | \$ | Alimony payments | \$ |
| Other: | \$ | Other: | \$ |
| Total Income | \$ | Total Expenses | \$ |

Present Annual Salary: \$ _____

Please attach the following documents:

- A copy of your most recent income tax statement. (If you do not file federal income taxes, please call 1-800-829-3676 for a verification letter.
- Two most recent paycheck stubs or letter from your employer verifying your employment and stating your annual salary. If you are unemployed, draw social security or a full-time student, please provide a summary of your unemployment benefits, SSI paperwork, or financial aid benefits and student schedule
- A copy of a letter verifying your family is on the free or reduced lunch program
- A letter describing why you feel your family would benefit from financial assistance

Please be sure you have all the required documents prior to submitting scholarship application.

Signature

Date

Please allow two weeks for your application to be reviewed and approved or denied. You will be contacted by telephone as to your application status. If you have any questions, please feel free to contact us at 843.871.9622 ext103 or CassieD@SummervilleYMCA.org. Thank you!

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|--|-----------------------------|
| FOR OFFICE USE ONLY: | |
| Circle one: New Applicant Renewal Current Member In Reclique? Y N | Date Received: _____ |
| Membership Type: Adult / Family | Application Reviewed: _____ |
| Approved? Denied? _____% Awarded | Notified on: _____ |
| Notes: | |
| Member Engagement Coordinator Signature: _____ Date: _____ | |

