



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Metro Atlanta YMCA
FINANCIAL ASSISTANCE PROGRAM
2019 - 2020 Afterschool Only

PLEASE READ THE ENTIRE APPLICATION THOROUGHLY & COMPLETE THE CHECK LIST BEFORE TURNING IN THE APPLICATION

APPLICATIONS WILL ONLY BE PROCESSED ONCE ALL DOCUMENTS ARE SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY. IF AN APPLICATION IS SUBMITTED WITHOUT THE PROPER DOCUMENTATION, THE APPLICATION WILL BE RETURNED WITH A LETTER STATING WHAT ADDITIONAL INFORMATION IS REQUIRED.

The following documents are required for the processing of a scholarship:

- A valid and working email account. This is how we will contact you regarding your scholarship.
- Explanation of why you are in need of financial assistance (complete "Your Story" on page 4)
- Copy of last year's tax return (form 1040 and all w-2's)
- Copy of last two (2) paycheck stubs and/or a letter from your employer verifying your current salary. The letter from the employer must be on company letterhead.
- (or) Copy of Unemployment Income Verification letter
- (or) Copy of Social Security of Disability award letter
- If receiving food stamps or TANF, a copy of food stamps or TANF award letter
- If you are a full time student, provide documentation confirming your full-time enrollment status

* If you have any questions or need additional information, please contact Keisha Scott, Youth Development Director at keishas@ymcaatlanta.org, or Tami Haney, Childcare Bookkeeper at tamih@ymcaatlanta.org. Both can be reached at 770.451.9622.

** Note: If you do not have a copy of your tax return, you may obtain a copy by contacting the Internal Revenue Service at 1.800.829.1040.

*** Additional documents may be requested.

**** Afterschool scholarships must be claimed within two weeks of approval. If scholarships are not claimed with the time allowed, you will need to reapply.

***** All applications are based on household information.

Please allow ten (10) business days to process your application. After this period, you may call the Y to check the status. **In order to redeem your scholarship, you must present the award letter, which will be enclosed in an email informing you of your award amount.**

THE SCHOLARSHIP PROGRAM IS DESIGNED TO SERVE:

- Deserving and needy youth who want to participate in afterschool childcare programs, day camp, youth programs within the facility, and youth sports.
- Adults who are temporarily out of work (and their families), especially those who have been members.
- Youth and families on limited incomes, referred by schools, churches and other agencies.

The Y seeks to serve those who exemplify the goals of the Y and who can and will make good use of the programs offered by the Y. The Y is not staffed to provide professional counseling and must reserve the right not to accept referral that require this special service.

The Scholarship Program is considered a stepping stone towards a full-pay membership for most applicants. All members on financial assistance must reapply annually, unless otherwise specified. If you do not reapply, your scholarship will automatically expire. If you are going to reapply, please do so at least two weeks before your current scholarship expires so that there will not be a lapse in your membership.

- ❖ Some programs, such as Afterschool and Day Camp may have additional requirements and processing schedules.

Our Mission: Your Y, reflecting its Judeo-Christian heritage, is an association of volunteers, members, and staff open to and serving all, providing programs and services, which develop spirit, mind and body. Financial assistance is available based on need. The Y actively seeks to identify and involve those in need.

FOR STAFF USE ONLY:

DATE RECEIVED:

PLEASE INDICATE YOUR NEED BY CHECKING THE APPROPRIATE REQUEST:

Is this for Afterschool? Yes _____ No _____ If yes, which school: _____

PERSONAL INFORMATION:

Name _____ Date of Birth _____ Age _____ M/F

Address _____

City _____ State _____ Zip _____ Phone _____

Email: _____

Full-time student? If yes, where? _____ # of Hours? _____

Married? _____ Name of Spouse _____ M/F

Spouse's Date of Birth _____ Is spouse a full-time student? _____

If yes, where? _____ # of Hours? _____

List names (including last names if different from applicant) and ages of all dependents (those you claim on your federal taxes):

1. _____ Age _____ DOB _____ M/F

2. _____ Age _____ DOB _____ M/F

3. _____ Age _____ DOB _____ M/F

4. _____ Age _____ DOB _____ M/F

5. _____ Age _____ DOB _____ M/F

Employment Information

Employer: _____ Position: _____

Employer Address: _____

City _____ State _____ Zip _____ Phone _____

Name of Supervisor: _____ Phone _____

Gross Monthly Income \$ _____ How long at current job? _____

Spouse or Second Adult's Employment Information

Employer: _____ Position: _____

Employer Address: _____

City _____ State _____ Zip _____ Phone _____

Name of Supervisor: _____ Phone _____

Gross Monthly Income \$ _____ How long at current job? _____

Do you share expenses with anyone else in your household? Yes _____ No _____

How many adults are in your household? _____ How many children? _____

Does any member of your household receive any of the following? Check all those that apply.
Please provide documentation to support your choices.

	YES	NO	MONTHLY INCOME
TANF	_____	_____	_____
Food Stamps	_____	_____	_____
Social Security	_____	_____	_____
Disability	_____	_____	_____
Child Support	_____	_____	_____
Alimony	_____	_____	_____
Unemployment	_____	_____	_____
Pension/Retirement	_____	_____	_____

May we contact you to support the **Why It Matters** Annual campaign? Yes ___ No ___

YOUR STORY

Your story will allow us to tell donors how their money is being use to make a difference in our community. The story may be use in publication or other public material to illustrate how **Why It Matters** donations are impacting the lives of children, adults and families. Name and personal information, such as salary, will always remian confidential. Attach addtional pages if necessary.

Please confirm you have included all of the necessary documentation by completing the following checklist:

- _____ **Complete Application**
- _____ **Explanation of why you are in need of financial assistance (complete “Your Story” on page 3)**
- _____ **Copy of last year’s tax return (form 1040 and all W-2’s)**
- _____ **Copy of last two (2) paycheck stubs and /or letter from your employer verifying your current salary.**
- _____ **The letter from the employer must be on the company letterhead.**
- _____ **(or) Copy of Unemployment Income Verification letter**
- _____ **(or) Copy of Social Security or Disability award letter**
- _____ **If receiving food stamps or TANF, a copy of food stamps or TANF award letter**
- _____ **If you are a full-time student, provide documentation confirming your full-time enrollment status.**

I verify that all of the information and documentation is true, complete and accurate. If my situation changes, I agree to notify the Y within 30 days. If I submit incorrect information or do not notify the Y within 30 days, I acknowledge that I will be terminated from this financial assistance program.

Signature _____ Date _____