



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

## Partners With Youth Scholarship Application

### THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Akron Area YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

### EVERYONE IS WELCOME

The Y welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our **Partners With Youth Program**, the Akron Area YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by YMCA branches in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive a scholarship. Y members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

A Partners With Youth scholarship reduces membership fees; it does not eliminate them.

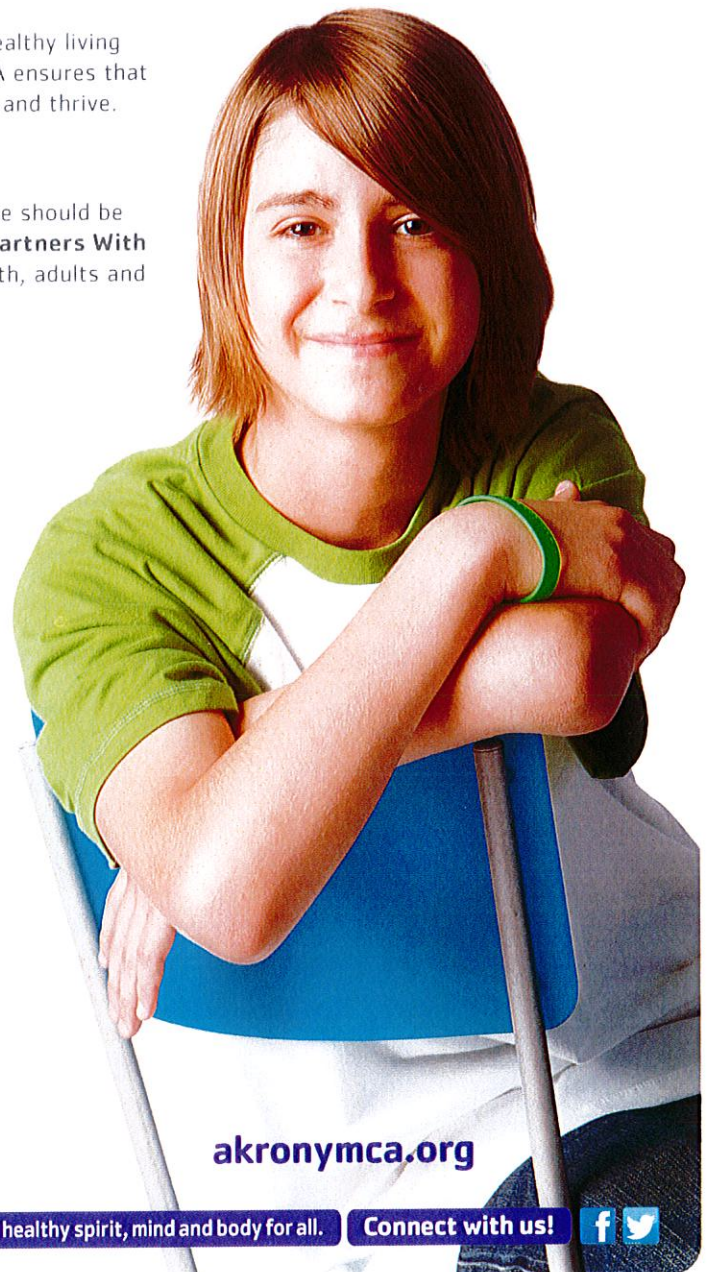
All Partners With Youth scholarships will be granted for 12 months.

The YMCA requests that individuals and families reapply annually, with updated documentation.

Membership fees are subject to change when you reapply.

If you do not reapply at the time requested, your membership will expire.

Please contact your branch if you have any questions.



[akronymca.org](http://akronymca.org)

Mission: To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

Connect with us!





# Partners With Youth Scholarship Application

Apply for a Partners With Youth Scholarship in 6 easy steps!

## 1 APPLICANT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Cell Phone (     ) \_\_\_\_\_

Email \_\_\_\_\_

If applicant is under 18, parent or legal guardian's name \_\_\_\_\_

## 2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark  for each family member applying for assistance

<input type="checkbox"/> Adult	DOB _____
<input type="checkbox"/> Adult	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Child	DOB _____
<input type="checkbox"/> Other Dependents	DOB _____

\* Proof of residency for all listed dependents is required at time of application.

## 3 I AM APPLYING FOR

Check category for which you are applying

	Youth
	Young Adult (ages 18-23)
	Adult (ages 24-64)
	Family
	Older Adult (ages 65+)
	Older Adult Couple
	Child Care (Requires Title XX denial letter)
	Camp

## 4 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS

↓ I FILED FEDERAL TAXES FOR LAST YEAR ↓

- 1040 Federal Tax Form(s) for all incomes in household
- I am an individual filing jointly; I am providing ONE 1040 form.
- We filed more than ONE tax form in our household; We are providing \_\_\_\_ 1040 forms.

\$ \_\_\_\_\_  
Total Annual Household Income

↓ I DID NOT FILE FEDERAL TAXES FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR ↓

- Documents showing most recent 30 day of income (including pay stubs or documentation of government assistance)

\$ \_\_\_\_\_ x 12 =  
30 days of income                      Months

\$ \_\_\_\_\_  
Total Annual Household Income

Find support documents you may need to provide by going to (for any Ohio county) Ohio Dept. of Jobs & Family Services website: [odjfsbenefits.ohio.gov](http://odjfsbenefits.ohio.gov)

## 5 Tell us more...Please include

any additional information or extenuating circumstances that were not included on this application on an additional sheet of paper. Also include how a YMCA membership will benefit you and/or your family.

### Office Use Only

Application Date: \_\_\_\_\_

Staff Member Initials: \_\_\_\_\_

**6** 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 matter that might affect my eligibility for financial assistance. I understand that failure to comply with YMCA policies can and my 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. All application must be renewed every 12 months