



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

WELCOME TO ALL

SCENIC RIVERS YMCA SCHOLARSHIP APPLICATION

SCENIC RIVERS ASSOCIATION

- ◇ Oil City YMCA
- ◇ Clarion County YMCA
- ◇ YMCA Camp Coffman

The YMCA welcomes all who wish to participate and no one will be denied access to the Y based on their ability to pay. Through our scholarship program, the Y provides program and membership assistance based on individual needs and circumstances. Determining the amount of assistance is a confidential process. Awards are made based on **TOTAL HOUSEHOLD INCOME** with number of dependents and special circumstances taken into consideration.

- Please complete the scholarship application and return it to your branch. Photocopies of all required attachments must be included or the application will not be processed.
- Once the application is submitted, it will take 2-3 weeks to process.
- You will receive an award letter in the mail. Please bring your award letter and the amount required to begin your membership to the YMCA Member Service Desk within 30 days to begin your membership.
- Scholarship assistance reduces membership and program fees; it does not eliminate them.
- The Scholarship assistance will be granted for one year. Individuals and families must reapply for scholarship assistance every year. If your household income changes during the year, you must notify the YMCA immediately and provide documentation of your updated income status.
- Membership fees are subject to change.

Every YMCA member receives the same membership benefits regardless of whether or not they receive a scholarship. YMCA members can feel confident knowing that they are part of an organization that cares for the well-being of all people and is committed to youth development, healthy living and social responsibility

SCENIC RIVERS YMCA

Oil City YMCA
7 Petroleum Street
Oil City, PA 16301
814-677-3000

Clarion County YMCA
15952 Route 322 Suite 1
Clarion, PA 16214
814-764-3400

YMCA Camp Coffman
4072 Camp Coffman Road
Cranberry, PA 16319
814-677-3000

SCHOLARSHIP APPLICATION (Please Print Clearly)

Date: _____ Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Birth Date: _____ Email: _____

Current Employer: _____ Length of Employment: _____

This application is for: (Check one) ☐ Clarion County YMCA ☐ Oil City YMCA

This applications is for: (Check all that apply) ☐ Membership ☐ Programs

If you're applying for a YMCA membership, please check which kind of membership is desired:

☐ Family Membership ☐ Single-Parent Family Membership ☐ Adult Membership
☐ Young Adult Membership ☐ Youth Membership ☐ Senior Citizen Membership
☐ Senior Family Membership

If you're applying for YMCA programs, please list program names:

Have you previously received scholarship assistance? Check: ☐ Yes ☐ No

Are you currently an Aetna Better Health Member? Check: Yes No

Household Information

Please List ALL members living in your household

[illegible]

Household Income Information

Please check the current level of Annual **Household** income

Under \$8,000	\$18,001—\$20,000
\$8,001—\$12,000	\$20,001—\$25,000
\$12,001—\$18,000	Over \$25,000

<u>Monthly Income</u>	<u>Monthly Expenses</u>
Wages/tips	Rent/Mortgage
Unemployment	Utilities
Social Security	Food
Child Support	Clothing
Food Stamps	Phone
Retirement	Car Insurance
Other:	Car Payment
	Child Support
	Medical
	Entertainment
	Other
TOTAL:	TOTAL:

The YMCA Scholarship program subsidizes a portion of the cost of a membership or program and recipients will be asked to pay a portion of the fee. How much could you contribute per month for a YMCA Membership or program?

Membership \$	Program \$
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In order to process your application, you must attach a Proof of Income Statement

In addition to the information provided above, you must attach a proof of income statement (Example: Most current pay stub, Bank Statement, IRS Tax form or SSI statement, Food Stamp documentation, Unemployment Compensation, Court Ordered Child Support or Disability Documentation.

Please use this space to tell us why you would like scholarship assistance and how it will benefit you and/or your family. Include any special circumstances that you would like us to consider:

Please Sign _____



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