



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ARLINGTON-MANSFIELD AREA YMCA Membership Scholarship Application

OUR PROMISE

We promise to provide a supportive environment that connects individuals and families to a community that inspires healthy living. With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Arlington-Mansfield Area YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA 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 **Membership Scholarship Program**, the Arlington-Mansfield 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 Family Centers in a fair and consistent manner. 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 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 Membership Scholarship reduces membership fees; it does not eliminate them.

All Membership Scholarships will be granted for 6 months.

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

Membership fees are subject to change when you reapply.

If you do not reapply at the time requested, your membership price will increase to the full rate.

Family Centers

Cooper YMCA

7120 S. Cooper St.
817.419.9629

North YMCA

1005 Skyline Dr.
817.548.9622

Central YMCA

2200 S. Davis Drive
817.274.9622

WELCOME TO THE Y!



ARLINGTON-MANSFIELD AREA YMCA Scholarship Application

Apply for a Membership Scholarship in 3 easy steps!

1 APPLICANT INFORMATION

Name	DOB
Mailing Address	
City	
State	ZIP Code
Home Phone ()	
Cell Phone ()	
Email	

2 LIST ALL HOUSEHOLD MEMBERS

<input type="checkbox"/>	DOB
<input type="checkbox"/>	DOB
<input type="checkbox"/>	DOB
<input type="checkbox"/>	DOB
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TO QUALIFY FOR A SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS RELATED TO YOUR HOUSEHOLD:

- All household income sources and assistance must be documented and included with this application, special circumstances must include a written, signed letter

3

- INCOME TAX FORM (1040) \$ _____ ANNUAL GROSS INCOME
- 30 DAY TOTAL INCOME FROM EMPLOYER \$ _____
(TWO MOST RECENT PAY CHECK STUBS)
- UNEMPLOYMENT \$ _____
- SUPPLEMENTAL SECURITY INCOME (SSI/SSDI) \$ _____
- FOOD STAMP \$ _____
- HOUSING ASSISTANCE \$ _____
- CHILD SUPPORT/ALIMONY \$ _____
- STUDENT LOANS \$ _____
- TANF/AFDC \$ _____
- ALL OTHER INCOME \$ _____

THIS APPLICATION MUST BE RENEWED EVERY 6 MONTHS

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented on this application. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarships are based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so my scholarship can be provided to others. I understand that if I falsify any of the listed information, I will not be eligible for assistance in the future.

Signature of Applicant

Date

ATTACH ALL APPLICABLE FINANCIAL DOCUMENTS AND TURN INTO ANY ARLINGTON-MANSFIELD AREA YMCA WELCOME CENTER.

For Office Use Only

Unit ID _____ New/Renewal

Net Yearly Income \$ _____

Total Household Members _____

Date All Documents Received _____

Date Approved _____

Percentage Approved ___% Expires _____

Approved By _____

Director Approval _____

Contact Date _____

Family Center _____