

Wenatchee Valley YMCA
Youth Scholarship Application
Financial Assistance Program
"We build strong kids, strong families, strong communities"

It is the policy of the Wenatchee Valley YMCA to attempt to make services available to all residents of Chelan and Douglas Counties regardless of ability to pay. This policy will be accomplished by setting fees at rates affordable to the majority of residents and by making financial assistance available to those for whom YMCA fees are not affordable.

Scholarships for Youth Memberships are available without regard to family income. Scholarships for Youth Programs will also be available. In order to maximize the number of children having YMCA experiences within available resources, the number and dollar amount of youth program scholarships may be limited.

Youth Memberships: Financial assistance for Youth Memberships will generally be available up to 85% of the fee for the first two children from a household and 100% of the fee for additional children from the same household. The application process is initiated by completing a Youth Scholarship Form. The YMCA will return a voucher to the applicant by mail within one to three weeks of receipt of the Youth Scholarship Form.

Youth Programs: Financial Assistance for Youth Programs will generally be available up to 75% of the youth member fee. The application process is initiated by completion of a Youth Scholarship Application. The YMCA will mail a voucher to the applicant within three weeks of receipt of the Youth Scholarship Application. **There is a limit of one scholarship per child per session.**

Summer Teen/Adventure Club/Resident Camp Programs: Financial assistance for Summer Teen, Adventure Club, and Resident Camp programs will generally be available up to 75% of the member fee for youth participating in the YMCA Peanut Sale; and, up to 50% of the member fee for youth not participating in the YMCA Peanut Sale. The application process is initiated by completing a Youth Scholarship Application and paying the deposit for the desired program(s). The YMCA will mail notification of financial assistance credit within three weeks of the end of the YMCA Peanut Sale. There is a limit of \$500 financial assistance per child per summer for these programs.

For those individuals requesting more financial assistance than is stated in the above policy, notification will be mailed informing the applicant's guardian that a meeting must be arranged with our Membership Services Director. Proof of family income will be required. Financial Assistance applicants are requested to contact the YMCA Executive Director if they do not feel the YMCA is keeping its commitment to never deny a child participation because of inability to pay.

Child's Name (First) _____ (Last) _____ Application Date _____
 Address _____ City _____ Zip _____
 Phone _____ Birthdate _____ Age _____ Male Female
 Names of other children in household applying/applied for Youth Membership Scholarship? _____

Type of Scholarship Requested:

- Annual Youth Membership -- How much can you afford to pay? -- \$12____ \$18____ \$24____ Other _____
 Youth Program (*specify*) _____ How much can you afford to pay? _____
 Swimming – Session _____ How much can you afford to pay? _____

Unusual Circumstances to be considered _____

The following information is required by some organizations that provide funding to the YMCA; however, it is not used to determine scholarship eligibility:

<u>ETHNICITY</u>		<u>ANNUAL HOUSEHOLD INCOME</u>	
<input type="checkbox"/> 1. ASIAN	<input type="checkbox"/> 4. NATIVE AMERICAN	<input type="checkbox"/> ZERO - \$10,000	<input type="checkbox"/> \$30,000 - \$40,000
<input type="checkbox"/> 2. AFRICAN AMERICAN	<input type="checkbox"/> 5. WHITE	<input type="checkbox"/> \$10,000 - \$20,000	<input type="checkbox"/> \$40,000 - \$50,000
<input type="checkbox"/> 3. HISPANIC	<input type="checkbox"/> 6. OTHER	<input type="checkbox"/> \$20,000 - \$30,000	<input type="checkbox"/> OVER \$50,000

I hereby apply for Wenatchee Valley YMCA Financial Assistance for the above named child. I certify that I am financially unable to pay the regular fees.

Parent or Guardian signature _____ Date _____

Parent or Guardian (Please Print Name) _____

Front Desk Use Only:		Date Received _____	Employee Initials _____
ID# _____	Type Code : <input type="checkbox"/> Youth <input type="checkbox"/> Family/Household <input type="checkbox"/> Corporate	Expiration Date _____	New <input type="checkbox"/>
Check Member information in CCC: Address Checked _____		Parent Name Field Checked _____	

Accounting Use Only:	
Membership letter sent	Date _____
Program letter sent	Date _____ AS HP Swim Computer Uplift YTX AC TW Slvwd RC YBall Other _____
Sessions: _____ AC/TW: _____	