

**Wenatchee Valley YMCA
Youth / Young Adult Scholarship Application
Financial Assistance Program**

The Wenatchee Valley YMCA is committed to never deny a child participation because of an inability to pay. This policy is accomplished by setting fees that are affordable to the majority of residents and by making financial assistance available to those when YMCA fees are not affordable. The scholarship program is made possible by a strong membership base that pays the full cost of membership and by generous donors who give to the annual Partners with Youth Campaign. In order to maximize the number of children having YMCA experiences, within available resources, the Y has established a maximum amount for each type of scholarship initially awarded. For applicants needing additional assistance, an appointment needs to be scheduled with the Membership Services Director. A copy of the YMCA's Scholarship Financial Assistance Policy is available at www.wenymca.org. Applicants are requested to contact the Executive Director if they feel that the YMCA is not keeping its commitment to never deny a child participation because of an inability to pay.

Application Date: _____

Annual Household Income: \$ _____ Number of People in Household: _____
(The Wenatchee Valley YMCA reserves the right to verify income)

Child's Name (First) _____ (MI) _____ (Last) _____

Address _____ City _____ Zip _____

Phone _____ Birthdate _____ Age _____ Male Female

Email _____

Names of additional children in household currently applying for Youth / Young Adult Membership Scholarship?

Type of Scholarship Requested:

Annual Youth (ages 0-15) Membership: What percentage can you afford to pay?
25% ____ 30% ____ 40% ____ 50% ____ 75% ____ Other: _____

Annual Young Adult (ages 16-17) Membership: \$25.00 Payment Required

Youth Program (*circle*): After School Holiday Program Swim Lessons: Session(s) _____
SOS Uplift Adventure Club T-Wave Lake Wenatchee Camp: _____
Other: _____

What percentage can you afford to pay? 25% ____ 30% ____ 40% ____ 50% ____ 60% ____

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) _____

I would like someone to contact me so that I can share how a YMCA Scholarship has positively impacted my Child(ren).

Scholarships will generally be available within 3 weeks of submitted application. The scholarship will be on record and ready for processing at that time. If unsure about a scholarship application status, contact the Y at 662-2109.

Front Desk Use Only:		Date Received _____	Employee Initials _____
ID# _____	Type Code : <input type="checkbox"/> Youth <input type="checkbox"/> Household <input type="checkbox"/> Young Adult	Expiration Date _____	New <input type="checkbox"/>
Check Member information in CCC: Address Checked _____		Parent Name Field Checked _____	
Accounting Use Only:	Date _____	AS HP Swim Uplift LWY AC TW Other: _____	