



Let Us Help!

Thank you for your interest in a YMCA Scholarship. We offer financial assistance to individuals and families who are not able to pay full fees for Y memberships and/or programs.

Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive.

YMCA scholarships are made possible through generous donations from individuals and foundations opening a world of YMCA programs and activities for you and your family including: membership, youth sports, childcare, camp and much more.

Applications must be submitted with all required documentation. **Incomplete applications cannot be processed.** All financial assistance is distributed on a case-by-case, first-come, first-served basis.

You will receive a phone call/email and letter within 1 week regarding your qualification and next steps. We look forward to serving you.

Please return this application to your local YMCA:

SALINAS COMMUNITY YMCA, 117 Clay Street, Salinas, CA | 831 758 3811

SALINAS AQUATIC CENTER, 1 East Bernal Drive, Salinas, CA | 831 758 7301

WATSONVILLE FAMILY YMCA, 27 Sudden Street, Watsonville, CA | 831 757 9622

SOUTH COUNTY YMCA, 560 Walker Drive, Soledad, CA | 831 678 1269

YMCA OF THE MONTEREY PENINSULA, 600 Camino El Estero, Monterey, CA | 831 373 4167

YMCA OF SAN BENITO COUNTY, 351 Tres Pinos Road, Suite A-201, Hollister, CA | 831 637 8600

APPLICATION CHECKLIST

Please initial each checkbox to verify completion of your application.

Please mark out all social security numbers, tax ID numbers and/ or credit card numbers before submitting any paperwork.

INITIALS _____ **Required:** Completed Scholarship Application form

Including; Explanation of Benefits, Income & Expense Worksheet and signed Acknowledgment

INITIALS _____ **Required:** Most recent tax return from each adult in the household, or Verification of Non-Filing from IRS if you did not file

- If you **do not/did not** file federal income taxes, please call 1-800-TAX-FORM (1-800-829-1040) for a verification of non-filing or go to IRS.gov for other information
- Only the 1st page of your IRS-1040 Form is **needed**
- If all adults in the household **did not** file jointly, a separate tax form is required for each adult.
- **Note:** if you receive Supplemental Security Income (SSI), then verification from IRS is not required

INITIALS _____ **Required (if employed):** Paycheck Stubs from the last 2 pay periods for each adult in the household OR letter from your employer verifying your employment and stating your salary/wage rate

INITIALS _____ **If Applicable:** Documentation of any other income such as SSI, SSDI, unemployment, pension, child support, student loans/aid, food stamps, alimony, etc.

INITIALS _____ **If Applicable:** Layoff Notice from employer, note from case manager, transition house or student schedule etc.

OFFICE USE ONLY

BRANCH: _____ RECEIVING STAFF: _____ DATE RECEIVED: ___/___/___

APPROVED:

YES _____% SCHOLARSHIP MEMBERSHIP(S) TYPE APPROVED FOR: _____

DATES OF APPROVAL: _____

NO **DECLINED REASON:** _____

APPROVED BY: _____

DATE: ___/___/___

SCHOLARSHIP APPLICATION

**WHAT ARE YOU APPLYING FOR?
(CHECK ALL THAT APPLY)**

ADULT FAMILY

YOUTH/STUDENT PROGRAMS

PRIMARY APPLICANT

NAME:		BIRTH DATE:
ADDRESS:	CITY/STATE/ZIP	
PHONE NUMBER	EMAIL:	
EMPLOYER:		

SECONDARY APPLICANT (IF APPLICABLE)

NAME:		BIRTH DATE:
ADDRESS:	CITY/STATE/ZIP	
PHONE NUMBER	EMAIL:	
EMPLOYER:		

HOUSEHOLD MEMBERS

FIRST NAME	LAST NAME	DOB	DEPENDENT (Y/N)	RELATIONSHIP	Y MEMBERSHIP (Y/N)

PLEASE SHARE WHY YOU ARE REQUESTING FINANCIAL ASSISTANCE (REQUIRED)

EXPLAIN WHY/HOW, BESIDES FINANCIALLY, YOU WOULD BENEFIT FROM PARTICIPATING IN THE Y

INCOME & EXPENSES

INCOME	PRIMARY ADULT INCOME (MONTHLY)	SECONDARY ADULT INCOME (MONTHLY)
SALARY/WAGES	\$	\$
UNEMPLOYMENT	\$	\$
SOCIAL SECURITY	\$	\$
CHILD SUPPORT	\$	\$
FOOD STAMPS	\$	\$
SPOUSAL SUPPORT	\$	\$
SCHOOL LOAN/AID	\$	\$
HOUSING ALLOWANCE	\$	\$
OTHER	\$	\$
TOTAL INCOME	\$	\$

EXPENSES	MONTHLY EXPENSE
HOUSING	\$
GROCERIES	\$
MEDICAL	\$
UTILITIES	\$
TRANSPORTATION	\$
CHILD CARE	\$
OTHER	\$
TOTAL EXPENSES	\$

Application is for individuals/couples living at the same address and sharing the same financial information. Scholarships will only be given for those whose names appear on the supporting financial documents.

ACKNOWLEDGMENT

I UNDERSTAND THAT THE COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE THAT I WILL RECEIVE A FINANCIAL ASSISTANCE SCHOLARSHIP. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE AND I AUTHORIZE THE CENTRAL COAST YMCA TO VERIFY THE ABOVE INFORMATION. I AGREE TO PROVIDE ADDITIONAL DOCUMENTATION TO VERIFY NEED, IF REQUESTED. I AM AWARE THAT ON-TIME PAYMENTS ARE REQUIRED TO RECEIVE FINANCIAL ASSISTANCE.

SIGNATURE OF PRIMARY APPLICANT

DATE

SIGNATURE OF SECONDARY APPLICANT

DATE