



**SOUTH SIDE YMCA**



Date: \_\_\_\_\_

To Whom It May Concern:

The YMCA is proud of its heritage and commitment to make its character-building, family-enriching programs available to everyone in our community. We rely on support from our community, private foundations, corporations and members to help support our programs and services to children, adults and families through our Kids Need Heroes Annual Fund. It is the goal of the YMCA of Metropolitan Chicago to provide educational, social and physical development services to people challenged with the ability to pay. Scholarship assistance for membership fees is possible subject to facility and program capacity, demonstrated need and availability of funding. Our goal is to never turn anyone away due to their inability to pay.

We encourage applicants to also make an effort to seek additional possibilities of financial assistance. Some healthcare providers, colleges, employers, churches and for appropriate circumstances, the Department of Human Services will subsidize your preventative or rehabilitative health care needs. The Ada S. McKinley Foundation, Catholic Charities and the Multiple Sclerosis Foundation also provide financial assistance for qualified individuals.

**Upon completion of your application, you will be notified in 4-8 weeks regarding the status of your request.**

*The YMCA of Metropolitan Chicago is an inclusive, charitable association, founded on Christian principles and dedicated to building strong kids, strong families and strong communities through programs that develop spirit, mind and body. The South Side YMCA Kids Need Heroes Annual Fund makes it possible for children, adults and families to obtain membership and belong to the YMCA by providing financial assistance when needed. To obtain more information on our Kids Need Heroes Annual Fund or volunteer opportunities, please stop by our Member Services Desk.*

Sincerely,

Cherita Ellens  
Executive Director



SCHOLARSHIP OR FINANCIAL ASSISTANCE APPLICATION  
SOUTH SIDE YMCA



**Basic Information:**

Name of applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Source of Income: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**CIRCLE TYPE OF MEMBERSHIP YOU ARE APPLYING FOR:**

New Membership                  Renewal Membership – Membership # \_\_\_\_\_  
Adult                                  Family                                  Senior                                  Youth  
If Family Membership, Give Names:  
Parent(s) Name(s): \_\_\_\_\_  
Children Names/Ages: \_\_\_\_\_

List programs and activities you would like to participate in: \_\_\_\_\_

**INCOME INFORMATION:**

What can you afford to pay for your yearly membership? \_\_\_\_\_  
Your Total household income: Annually \_\_\_\_\_ Monthly \_\_\_\_\_

**STATEMENT BY APPLICANT:**

I certify that all information provided is true. I understand that false information will make me ineligible for any participation in this organization. I understand that the decision to grant financial aid is the sole discretion of the Board of Managers or its designee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**                                  **Membership Rate Total Fee:** \_\_\_\_\_

**Total Household Income**                                  \_\_\_\_\_  
**# of People Supported**                                  \_\_\_\_\_

**% of Scholarship**                                  \_\_\_\_\_  
**\$ amount of Scholarship**                                  \_\_\_\_\_

**% to be Paid By Applicant**                                  \_\_\_\_\_  
**\$ amount of Scholarship**                                  \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## South Side YMCA Scholarship Application Requirements



Every applicant must provide documented proof of income in order to apply. If you have no income of your own, you will need to provide documentation of that as well through statements that can be obtained through the Illinois Department of Employment Services or the Social Security Administration. Children 19 and over, who are not full time students, must obtain their own membership. If you are a full time student over age 19 and wish to remain on your parent's membership, you must provide proof of school enrollment/grades on the school's letterhead, along with proof of income.

- You must declare all income that you receive. Failure to declare all income received will result in termination of membership and program participation.
- Only children who are your **legal dependants** can be placed on a family membership. **This must be documented by providing copies of birth certificates or medical cards.**
- Two adult households must present:
  1. Incomes of both parents or all employed adults in the household
  2. A copy of the birth certificates for all dependents being placed on the membership
  3. Proof of the relationship (2 of the items listed below)
    - Lease, Tax return, and a Marriage License or Domestic Partner Affidavit
- If you are a DCFS client, we ask that you first apply to them for financial assistance (payment of the membership fees). If you are denied financial assistance from DCFS, you must bring in a denial letter on letterhead with the name and work # of your caseworker and the reason for the denial. Once this information is verified, you may submit a scholarship application.
- Everyone applying for financial assistance must pay a membership fee regardless of your income or any assistance you may receive from outside organizations include, but not limited to, DCFS.

The application **MUST** have the following information attached. Please provide all that apply. **APPLICATIONS WITHOUT COMPLETE DOCUMENTATION WILL NOT BE PROCESSED.**

### Proof of Income

(Income documentation is required for all working adults in the household. Please check all that apply.)

#### **If you file an income tax return:**

- A copy of your most recent IRS 1040 form and all W-2's, AND
- Your two most recent pay stubs from all sources of employment.

#### **If you receive public assistance:**

- Dept. of Public Aid Grant Information Form or a letter (on letterhead with caseworker's name and work # ) from your caseworker stating how much you receive either per month or per year.

#### **If you receive social security:**

- SSA Form 1099 Social Security Benefit Statement
- Your two most recent pay stubs, if applicable

#### **If you receive SSI:**

- SSI award letter or social security printout
- Your two most recent pay stubs, if applicable

#### **If you receive unemployment:**

- Unemployment Claimant Wage Information Sheet (which must show your maximum benefit balance )

#### **If you receive Veterans Benefits:**

- Dept. of Veterans Affairs Award Letter VA Form 20-8893

### Proof of Dependents and/or Family

(Just one from the list below)

- Birth Certificate or Medical Card or Guardianship/Foster Parent Papers
- Copy of Marriage License or Domestic Partner Affidavit or Tax Return
- Lease and/or Mortgage Statement

Applicant(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_