

Community Scholarship Application

Thank you for your interest in the Manatee YMCA. We are committed to helping people grow in spirit, mind and body through our focus on youth development, healthy living and social responsibility. We serve people of all ages, backgrounds, abilities and incomes and believe that Y programs and services should be available to everyone. That is why we offer the Scholarship process to those living in Manatee County. This sliding fee scale is designed to fit each individual's and family financial situation.

The Manatee YMCA requires applicants to provide all requested information regarding income, family size and expenses so that we can provide financial assistance in a fair and consistent manner. Applications must be completed in full, signed, dated and returned with the following information for all living in household. Scholarship information is confidential.

CHECKLIST:

- Completed, signed and dated Community Scholarship application
- Copy of last year's tax return
- Copy of last two pay stubs and/or any determination letters for paid entitlements as: social security, disability payments, unemployment, welfare, alimony, child support, student loan disbursements, etc.
- Copy of letter or statement showing amount of benefits for Medicaid and/or food stamp card, TANF, WIC, etc.
- Cover letter explaining why you are applying for assistance
- Proof of Manatee County residency



Note: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service at toll-free at 1-800-829-1040. If any of the required documents do not apply to you, please explain the detail of your personal situation in your cover letter (For example: If you do not file taxes).

Please allow 3 business days to process your completed application. After that period you may call the Y to see if your application has been approved. If your financial situation changes during the course of your assistance, please let us know immediately and we will adjust your aid accordingly.

All Y members receive the same membership benefits, regardless of whether or not they are receiving assistance. Memberships can be paid electronically out of a checking or savings account on a monthly basis or paid in full.

APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL DOCUMENTS ARE SUBMITTED AND THE APPLICATION IS COMPLETE. INCOMPLETE APPLICATIONS WILL BE RETURNED AND NOT PROCESSED.

Drop off completed paperwork or mail to the branch you are applying to:

Bradenton Branch
3805 59th St. W.
Bradenton, FL 34209
941 792-7484

Lakewood Ranch Branch
5100 Lakewood Ranch Blvd.
Bradenton, FL 34211
941 782-0220

Parrish Branch
12214 US Hwy 301 N.
Parrish, FL 34219
941 981-5323

**Youth Development
School Age**
1023 Manatee Ave. W. 6th Fl
Bradenton, FL. 34205

Visit us online at www.manateeymca.org and on Facebook



YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Date of Application: _____ Member ID#: _____ Branch: _____

YOUR PERSONAL INFORMATION

Name: _____ Date of Birth: ___ / ___ / ___
 Address: _____ Apt #: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____
 Home Phone: _____ Cell Phone: _____
 Are you currently enrolled in school? Yes__ No __ Full time _____ Part time _____
 Where: _____
 Place of Employment: _____ Full time _____ Part time _____
 Occupation: _____ Work Phone: _____
 Length at current employer: _____

SPOUSE INFORMATION

Name: _____ Date of Birth: ___ / ___ / ___
 Are you currently enrolled in school? Yes__ No __ Full time _____ Part time _____
 Where: _____
 Place of Employment: _____ Full time _____ Part time _____
 Occupation: _____ Work Phone: _____
 Length at current employer: _____

OTHER ADULT/CHILDREN LIVING IN HOUSEHOLD

| Name | Date of Birth | Gender | Relation to applicant | Employer or School |
|------|---------------|--------|-----------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

What type of scholarship are you seeking? (check all that apply)
 Membership: _____ Programs: _____ (please specify) YDASH _____
 (Before/After school care)

Monthly HOUSEHOLD Income and Expenses

| | |
|--|---|
| Income (Money you earn or receive each month) | Expenses (Money you pay out each month) |
| \$ _____ Your Gross Monthly Income (before taxes) | \$ _____ Rent/Mortgage |
| \$ _____ Spouse/Other Adult Gross Monthly Income | \$ _____ Auto Loan (s) |
| \$ _____ School Financial Aid | \$ _____ Groceries / Gas |
| \$ _____ Child Support | \$ _____ Utilities (Electric/water/gas/phone/cable) |
| \$ _____ Aid to Dependent Children | \$ _____ Alimony |
| \$ _____ Alimony | \$ _____ Child Care |
| \$ _____ Social Security | \$ _____ Child Support |
| \$ _____ Welfare / Food Stamps | \$ _____ Credit Cards |
| \$ _____ Tips / Pensions | \$ _____ Insurance (Health/life/auto) |
| \$ _____ Unemployment | \$ _____ Medical |
| \$ _____ Other (please explain) | \$ _____ Other (please explain) |
| \$ _____ Total Monthly Income | \$ _____ Total Monthly Expense |

We encourage all recipients to take ownership in their Y through volunteer opportunities. We welcome volunteers in all our programs. Please fill out a volunteer application available at the front desk if interested.

- I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the Manatee YMCA within 30 days. If I submit false or inaccurate information I may be deactivated from the Manatee YMCA Community Scholarship Program.
 - The Manatee YMCA believes everyone, regardless of his or her financial situation should have the chance to participate at the Y. Our Annual Community Scholarship Campaign raises the funds to support this Scholarship Program. We are asking your permission to anonymously use your letter from your application to help educate and communicate this program to potential donors and members.
- Check one: YES _____ NO _____

Signature of Applicant: _____

Date: ___ / ___ / ___

| | | | |
|--|--------------------|------------------------|---------------------|
| For Office Use Only | | | |
| Applicant Type: | ___ New | ___ Renewal | ___ Current Member |
| Membership Type: | ___ Family | ___ Adult | ___ Couple ___ Teen |
| | ___ Sr. Individual | ___ Sr. Couple | ___ Single Parent |
| Staff Checklist: | | | |
| ___ Copy last year's Tax Forms | | | |
| ___ Two (2) Pay Stubs (or copy of social security statement/disability checks) | | | |
| ___ Cover letter explaining why you are applying for assistance | | | |
| ___ Copy of Medicaid and/or Food Stamp card, TANF, WIC, etc. | | | |
| ___ Signed YMCA Application ___ Other Income Verification _____ | | | |
| Staff Receiving Info: _____ | | Date Received: _____ | |
| Approved By: _____ | | Date Approved: _____ | |
| Membership ___% Program ___% | | Child Care/Y Dash ___% | |
| Must renew by: _____ | | | |



Revised: 10/2019