



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ENSURING EVERYONE CAN ENJOY THE Y

## People Helping People MANATEE COUNTY FAMILY YMCA

At the YMCA, we don't turn anyone away because of an inability to pay a membership fee. We want everyone to enjoy the benefits of a YMCA membership, summer camp, sports, afterschool programs and more! Every year, members and donors contribute to the Annual Support Campaign to ensure just that.

An application is attached, so you can become a part of us. Let us help you build spirit, mind and body in a caring community!



**LAKWOOD RANCH YMCA**  
5100 Lakewood Ranch Boulevard  
Bradenton, FL 34211

**MANATEE COUNTY FAMILY YMCA**  
5100 Lakewood Ranch Boulevard  
Bradenton, FL 34211  
P 941-798-9622 • manateeymca.org

**WEST BRADENTON YMCA**  
3805 59th Street West  
Bradenton, FL 34209

**YMCA MISSION:** To put Christian principles in to practice through programs that build healthy spirit, mind, and body for all.



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# PEOPLE HELPING PEOPLE

## SCHOLARSHIP APPLICATION

## MANATEE COUNTY FAMILY YMCA

### SECTION 1: APPLICANT INFORMATION

Name	DOB
<hr/>	
Address	
<hr/>	
City	Zip Code
<hr/>	
Phone	Cell
<hr/>	
Email	
<hr/>	

The YMCA's People Helping People program follows a sliding fee scale, designed to fit each individual's financial situation. In order to foster a sense of ownership in the YMCA, you will be asked to pay a portion of the membership fees.

### SECTION 2: TYPE OF MEMBERSHIP REQUESTED:

Membership Types and Fees:

- 1 Adult - \$41.00                       2 Adults with Children - \$80.00     Young Adult- \$27.00
- 2 Adults - \$56.00                       1 Adult with Children - \$54.00

The maximum amount I can pay per month is: \$

### SECTION 3: REQUESTED DOCUMENTATION

Adjusted Annual Gross Income:

Entire Household Income:

(Form 1040, line 37 or Social Security/Disability or income from other sources)

- Copy of last two pay stubs/LES (Military) OR Social Security or Disability statements.
- Copy of last year's tax return
- Documentation of any Federal Assistance such as Medicaid and/or food stamp card, TANF, WIC, ect.
- Child Support Agreement

#### YMCA MISSION:

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

#### OUR PROMISE

No one will be turned away from the YMCA due to the inability to pay.



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## SCHOLARSHIP APPLICATION

## MANATEE COUNTY FAMILY YMCA

### SECTION 4: STATEMENT OF UNDERSTANDING

Please read and check off each statement and initial at the bottom that you understand.

**I understand:**

- The Manatee County Family YMCA is a nonprofit organization and that financial assistance is made possible through the generosity of donors and members.
- My subsidy will expire 1 year from approval date. It is my responsibility to re-apply.
- To maintain my subsidy, I will need to provide updated documentation when requested by the YMCA. I will have 30 days to join after my application is approved. Failure to do so may lead to my subsidy expiring.
- If my subsidy is revoked or expires, my membership will automatically cancel.
- I must submit requested documentation listed in Section 3 in order for my application to be reviewed and must notify the YMCA if my financial situation improves, so that my membership scholarship can be re-evaluated, thus providing more opportunities for others in need.

Please initial that you have read and understand each statement: \_\_\_\_\_

### SECTION 5: ADDITIONAL INFORMATION

#### ALL PERSONS LIVING IN THE HOUSEHOLD

Please list each family member applying for assistance, including yourself.

Name	DOB	AGE	GENDER
Parent/Adult			
Parent/Adult			
Child			
Child			
Child			
Child			
Child			
Child			

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