



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO THE Y LEARNING ACADEMY

SCHOLARSHIP Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Fond du Lac Family YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believe that no one should be denied access to the Y based on their ability to pay. The Fond du Lac Family YMCA provides assistance to students in the Y Learning Academy based on individual needs and circumstances.



SCHOLARSHIP INFORMATION

- Scholarships for this program reduce program fees, they do not eliminate them.
- The YMCA requests that families apply with the appropriate information to be approved.

HOW TO APPLY

1. Return completed application and required copies of proof of income (if necessary), to the Fond du Lac Family YMCA.
2. Staff will determine your rate and inform you of any program discounts you qualify for. Y members already receiving a membership scholarship automatically qualify for the weekly discounts listed on this form and will only need to complete Steps 1-3.

FOND DU LAC FAMILY YMCA | 90 W. SECOND STREET | FOND DU LAC
www.fdlymca.org | 920.921.3330

Y LEARNING ACADEMY SCHOLARSHIP Application

Date ___/___/___

1 APPLICANT INFORMATION (Primary Adult)

Name _____ M / F _____

Mailing Address _____

City _____

State _____ ZIP _____

Home phone (_____) _____

Cell phone (_____) _____

Email _____

2 NAME ALL PERSONS LIVING IN THE HOUSEHOLD

Primary Adult	DOB	/	/	M/F
Parent/Adult	DOB	/	/	M/F
Child	DOB	/	/	M/F
Child	DOB	/	/	M/F
Child	DOB	/	/	M/F
Child	DOB	/	/	M/F
Child	DOB	/	/	M/F
Other	DOB	/	/	M/F

3 WE CURRENTLY RECEIVE A Y MEMBERSHIP DISCOUNT NO YES AT: ___10% ___20% ___30% ___40% ___50% ___60% ___70% ___80%

Signature _____

___ I am not sure of the discount I receive as a Y member.

3 Y MEMBERS ALREADY RECEIVING A MEMBERSHIP DISCOUNT AUTOMATICALLY QUALIFY FOR THE FOLLOWING Y LEARNING ACADEMY DISCOUNT:

MEMBERSHIP DISCOUNT	PROGRAM DISCOUNT
10-20%	\$10 WEEKLY
30-40%	\$20 WEEKLY
50-60%	\$30 WEEKLY
70-80%	\$40 WEEKLY

4 IF YOU DO NOT ALREADY RECEIVE A Y MEMBERSHIP DISCOUNT, PLEASE COMPLETE STEPS 4 & 5 OF THE APPLICATION. YOU WILL BE NOTIFIED OF ANY SCHOLARSHIP DISCOUNT YOU QUALIFY FOR. YOU DO NOT NEED TO BE A Y MEMBER TO QUALIFY.

4 HOUSEHOLD MONTHLY INCOME

	Adult 1	Adult 2	Children/Other
Total Gross Wages			
Child Support			
Social Security			
Unemployment			
Alimony			
Retirement			
Pension			
Monthly Value of Food Stamps			
Child Care Subsidy			
Other Financial Assistance			
Total Monthly Income	\$	\$	\$
Total Monthly HH Income	\$		

5 TO QUALIFY, PROVIDE COPIES OF THE FOLLOWING DOCUMENTS

- 1040 Federal Tax Form(s) for all incomes in household
- Documents showing **most recent income**:
 - 2 pay stubs per individual with income
 - Documentation of **government assistance**
- Additional forms of income** (if applicable) Social Security, pension, unemployment, Child Support, Housing Assistance, Child Care support, etc.
- If you did not file taxes, letter from IRS** stating you did not file

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the Y immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form