



WELCOME TO ALL

SCHOLARSHIP APPLICATION



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PROVIDING ACCESS FOR ALL

The Y exists to strengthen communities. With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Greater Joliet Area 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 believes that no one should be turned away due to the inability to pay. Through our scholarship program the Greater Joliet YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance is handled by YMCA branches in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

Upon approval, YMCA Scholarship reduces membership fees; it does not eliminate them. Award letters are valid for 45 days. The YMCA requests that individuals and families reapply at the end of your approval period with updated documentation. If you do not reapply at the time requested, your membership will expire.

GREATER JOLIET AREA YMCA

C.W. AVERY FAMILY YMCA
15120 Wallin Drive
Plainfield, IL 60544
(815) 267-8600

GALOWICH FAMILY YMCA
749 Houbolt Road
Joliet, IL 60431
(815) 744-3939

MORRIS COMMUNITY YMCA
320 Wauponsee Street
Morris, IL 60450
(815) 513-8080

SMITH FAMILY YMCA
1350 S. Briggs Street
Joliet, IL 60433
(815) 726-3939

www.jolietymca.org



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SCHOLARSHIP REQUESTED NEW RENEWAL

Which Y will you utilize the most: C.W. Avery Y Galowich Family Y Morris Community Y Smith Family Y

HOUSEHOLD INFORMATION

Primary Adult : _____ Gender : _____ Birthdate: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Marital Status: Married Divorced Separated Single Widowed

Additional Household members:

Name	Birthdate	Gender	Relationship to Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Membership Type: See Membership Brochure for descriptions on Membership types

Family Plus Family One Adult Family Two Adult Adult (ages 26 and older) Young Adult (ages 19-25) Youth (ages 0-18)

Please check all that apply:

Membership Swim Lessons Sports Fitness Dance Preschool Other _____
 Summer Camp Before and After School (Required documents for Full Day Camp and Before and After School: CCR&R application, or approval/denial letter. We do accept funds from the Child Care Assistance Program (CCAP). If you do not qualify for this program, YMCA Scholarship may be applied.)

HOUSEHOLD INCOME & PROOF OF DEPENDENCY

All adults over the age of 18 requesting scholarship must provide proof of residency and verification of income regardless of relationship or varying interest in joining the YMCA.

Proof of dependency for all dependents in the household is also required.

Acceptable Documents include: Federal Tax Return (1040) (If you claimed your child as a dependant) Birth Certificate
 Government Document with child's name listed Foster Care Placement Letter Court Document

Use this space for additional information or extenuating circumstances that will help us understand your request for scholarship.

I am requesting a YMCA Scholarship because: _____

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EXPRESS VERIFICATION

We will accept the following for express verification. Additional Information may be requested.

SELECT ALL THAT APPLY:

-

TYPE

HUD/Section 8
CCAP (Child Care Assistance Program)
TANF (cash assistance)/SNAP (Food Stamps)

ACCEPTED DOCUMENT

Statement Letter
CCAP Approval Letter
Notice of Decision Letter

Need help accessing your documents? If you receive aid from one of these programs but need a copy of your approval letter please contact your case worker or visit www.abe.illinois.gov. For a copy of your CCAP approval letter go to the Child Care Resource and Referral Office.

STANDARD VERIFICATION (only complete if not using Express Verification)

Check all that apply and provide the supporting documentation with this application.

We require the following for standard verification:

Most Recent Federal Tax Return: first 2 pages of form 1040, 1040a or 1040ez (Self employed individuals must include Schedule C)

\$ _____ Annual Adjusted Gross Income

Other Income Verification (please supply proof of all that apply)

\$ _____ Social Security (SSI) Disability/Retired/Survivor Benefit Statement

\$ _____ 401(k) or 403(b) Retirement distribution statement (1099 R)

\$ _____ Disability or Pension Benefit Document (1099 R)

\$ _____ Child Support/Alimony

\$ _____ Aid for Dependent Children

\$ _____ School Schedule and Financial Aid Benefits (for Full Time College Students)

If a Federal tax return is not available, please provide one of the following:

- IRS Verification of non-filing letter (This can be obtained by calling 1-800-TAX-FORM and it will be mailed within 5-10 days or go to IRS.gov for immediate access to your tax transcripts)
- Check Stubs (2 most recent)
- Letter from Employer on company letterhead (stating your pay rate and weekly hours worked)
- Income Verification Form (CCR&R Form)
- Earned Income Statement (Earnings Record) This document can be obtained at www.socialsecurity.gov/myaccount
- Unemployment (proof of weekly benefit amount)

When above documentation is not available, a written reference on organizational letterhead from a refugee agency, agency that assists homeless, or other community organization who has a close relationship with the applicant with knowledge of the applicants income status may be used. Visa information for international students and I.D. cards issued by Governments outside of the U.S. may be accepted.

Applications received without documentation attached will be delayed.

I certify that the above information is true and complete to the best of my knowledge, and I do not have additional income not represented in the above statements. I understand that scholarship assistance is based on need and is determined by using a sliding fee scale. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so scholarship assistance 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. I understand that my membership can be terminated should I not comply with YMCA rules and policies. Membership fees are subject to change.

Applicant Signature _____

Date _____

Attach copies of all applicable documents and turn in to the Member Services Desk. Please allow 7-10 business days for processing.

FOR OFFICE USE ONLY

Membership ID# _____ Membership Type: _____

Reviewed by: _____ Date: _____

Approved _____ % Membership _____ % Program
Approved for: 3 mths 6 mths 12 mths 24 mths

Total Annual Income: \$ _____

Member Contacted by: _____

Monthly Membership Payment: \$ _____

via: Phone Email Mail

Denied

Contact Date: _____

Notes: _____