



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

The YMCA of Greater Fort Wayne is committed to our mission that “No one is turned away for the inability to pay.” All Y members receive the same membership benefits, regardless of whether or not they are receiving financial assistance. The Y maintains confidentiality of all financial information received in the application process.

- A scholarship reduces membership fees; it does not eliminate them.
- The YMCA requests that individuals and families reapply every 3 years, with updated documentation.
- Membership fees are subject to change when you reapply.
- If you do not reapply at the time requested, your membership will expire.
- Please contact your branch if you have any questions.
- A 50% scholarship is available for foster families. (See branch for details)



## Scholarship Application

Apply for a Financial Scholarship in 6 easy steps!

### 1 APPLICANT INFORMATION

Name:	
Address:	
City:	
State:	Zip Code:
Home Phone:	
Cell Phone:	
Email:	
If applicant is under 18: Parent or Legal Guardian Name:	

### 2 ALL PERSONS LIVING IN HOUSEHOLD

Place a ✓ for each person applying for assistance	DOB
<input type="radio"/> Parent/Adult	
<input type="radio"/> Parent/Adult	
<input type="radio"/> Child	
<input type="radio"/> Child	
<input type="radio"/> Child	
<input type="radio"/> Child	
<input type="radio"/> Other	

### YMCA of Greater Fort Wayne Branches:

**CAYLOR–NICKEL FNDN. FAMILY YMCA**  
550 West Dustman Rd.  
Bluffton, IN 46714  
260.565.9622

**CENTRAL BRANCH YMCA**  
1020 Barr Street  
Fort Wayne, IN 46802  
260.422.6486

**JACKSON R. LEHMAN FAMILY YMCA**  
5680 YMCA Park Drive West  
Fort Wayne, IN 46835  
260.755.4949

**JORGENSEN FAMILY YMCA**  
10313 Aboite Center Rd.  
Fort Wayne, IN 46804  
260.432.8953

**PARKVIEW FAMILY YMCA**  
10001 Dawsons Creek Blvd.  
Fort Wayne, IN 46825  
260.497.9996

**RENAISSANCE POINTE YMCA**  
2323 Bowser Ave.  
Fort Wayne, IN 46803  
260.447.4567

**SKYLINE YMCA**  
838 S. Harrison Street  
Fort Wayne, IN 46802  
260.755.4900

**WHITLEY COUNTY FAMILY YMCA**  
950 East Van Buren St.  
Columbia City, IN 46725  
260.244.9622

**YMCA CAMP POTAWOTAMI**  
PO Box 38  
South Milford, IN 46786  
260.351.2525

**YMCA CHILD CARE SERVICES**  
1025 W. Rudisill Blvd. Box #7  
Fort Wayne, IN 46802  
260.449.8464

### 3 I AM APPLYING FOR

✓ Check type of membership applying for

<input type="checkbox"/>	ADULT
<input type="checkbox"/>	ONE ADULT HOUSEHOLD
<input type="checkbox"/>	HOUSEHOLD
<input type="checkbox"/>	STUDENT
<input type="checkbox"/>	SENIOR
<input type="checkbox"/>	SENIOR HOUSEHOLD

✓ Check type of program applying for

<input type="checkbox"/>	CAMP POTAWOTAMI
<input type="checkbox"/>	CHILD CARE SERVICES
<input type="checkbox"/>	OTHER: _____

\*For more information about eligibility, please contact your local YMCA

### 4 PLEASE MARK ALL THAT APPLY

I RECEIVE:

- ENERGY ASSISTANCE
- HOOSIER HEALTHWISE
- CANI (HEADSTART)
- CANI (CHILDCARE VOUCHER)
- TANF (CASH ASSISTANCE)
- SNAP (FOODSTAMPS)

### 5 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

↓ For your application to be processed you must provide verification of all sources of household income: ↓

- Most recent 30 days income of all wage earners
- Court order verifying child support
- Verification of any government assistance
- Current SSI documentation
- Proof of unemployment/verification not employed
- Proof of any other source of income

	Adult 1	Adult 2	Adult 3
Gross Income (for all wages and tips)			
Child Support			
Social Security Benefits			
Unemployment			
Government Assistance			
Any other income			
Total monthly income \$ _____			

### 6 THIS APPLICATION MUST BE RENEWED EVERY 3 YEARS

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 scholarship assistance is based on need. 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 \_\_\_\_\_ Date \_\_\_\_\_

**Attach all applicable financial documents and turn in to your YMCA Member Service Desk.**

**TELL US MORE...**Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

### FOR OFFICE USE

APPROVED: YES NO  
 MEMBERSHIP TYPE: \_\_\_\_\_  
 MEMBERSHIP ENROLLMENT FEE: \_\_\_\_\_  
 MEMBER SCHOLARSHIP %: \_\_\_\_\_  
 MONTHLY FEE: \_\_\_\_\_ ANNUAL FEE: \_\_\_\_\_  
 PROGRAM SCHOLARSHIP %: \_\_\_\_\_  
 NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CURRENT BALANCE: \_\_\_\_\_  
 MEMBER ID#: \_\_\_\_\_  
 STAFF MEMBER: \_\_\_\_\_  
 BRANCH: \_\_\_\_\_  
 NOTES in DAXKO: YES NO  
 DATE: \_\_\_\_\_

AWARD LETTER IS VALID FOR 30 DAYS.