



KENOSHA YMCA

John and Judy Wavro Scholarship Fund Application

The Kenosha YMCA welcomes the requests for reduction of fees from individuals and families who would benefit from participating in YMCA activities but are limited in their ability to pay.

Complete and return this form along with the necessary documents (photocopies only) to: Membership Director, Kenosha YMCA, 7101 53rd Street, Kenosha, WI 53144. Please allow 4-6 weeks for processing. You will be notified by phone of the status of your application.

Application Instructions:

1. Please complete the attached application.
2. Please supply verification of your **household** income by attaching a copy of your most recent Internal Revenue Service Tax Forms.
 - a. If you are married and filed separately, you will need to supply a copy of both forms.
 - b. If your income status has changed due to a recent job loss please also supply a copy of your determination letter of unemployment benefits.
3. If you did not file taxes last year please supply a copy of your social security allocation, food, housing or disability statement if applicable.
4. Applications will be reviewed monthly. Processing will take between 4 and 6 weeks. You will be notified of the status of your application by phone.
5. **Please review your application carefully. Incomplete applications or incorrect/missing documentation of income will delay the process.**
6. Additional information needed for incomplete applications will be requested by phone. Once received your application will be available to be reviewed the following month.
7. If additional information is not supplied within one week, your application will be discarded and you can reapply next month.



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Received on: _____

Please complete all sections. Incomplete applications or incorrect/missing documentation of income will delay the process.

DATE OF APPLICATION _____

MR _____
MS _____
NAME _____ HOME PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

WORK PHONE _____ EMPLOYER _____ LENGTH OF EMPLOYMENT _____

E-MAIL _____ DOB _____ SEX _____

MEMBERS OF HOUSEHOLD	AGE	DOB	SEX	EMPLOYER/SCHOOL	INCLUDE ON MEMBERSHIP?
1					Yes / No
2					Yes / No
3					Yes / No
4					Yes / No
5					Yes / No
6					Yes / No
7					Yes / No
8					Yes / No
9					Yes / No

Are you a single-parent household? Yes No

Have you applied for assistance before at the Kenosha YMCA? Yes No

Application is for: MEMBERSHIP, choose type: Single Family Senior I Senior II

OR A *CLASS: Title _____ For Whom _____

*Complete & attached class registration form.

Your present income level is:

- \$0 – 8,000 \$8,001 – 12,000 \$12,001 – 15,000 \$15,001 – 18,000
- \$18,001 – 20,000 \$20,001 – 25,000 Over \$25,001

What dollar amount are you able to pay? Membership: \$ _____ per month -OR- Class: \$ _____ per session

What benefits do you see in having this scholarship to the Kenosha YMCA as a member or participant?



What is your ethnicity?

Caucasian African-American Hispanic Asian Bi-Racial Other _____

Would you be willing to volunteer some time at the Y? Yes No

If yes, in what capacity? _____

Please itemize your monthly expenses:

MONTHLY INCOME:

Wages, Salaries and Tips \$ _____

Unemployment Compensation \$ _____

Social Security Compensation \$ _____

Child Support \$ _____

Aid to Dependent Children \$ _____

Food Stamps/W-2/Rent Supplement \$ _____

401K/Retirement Funds \$ _____

Other \$ _____

Other \$ _____

TOTAL INCOME \$ _____

MONTHLY EXPENSES:

Rent/Mortgage \$ _____

Utilities/Cable \$ _____

Food \$ _____

Clothing \$ _____

Phone/Cell Phone \$ _____

Car/Insurance/Gas \$ _____

Alimony \$ _____

Child Support \$ _____

Medical/Prescriptions \$ _____

Other Debts \$ _____

TOTAL EXPENSES \$ _____

A copy of at least one of the following MUST be attached as documentation of your household income:

- Internal Revenue Tax Form (Form 1040, 1040EZ or 8639) SSI allocation statement
- Determination letter of unemployment benefits

I certify that all information provided to the Kenosha YMCA in this application for scholarship is true. I understand that providing false information will make me ineligible for any participation in this organization. I understand that the decision to grant a scholarship is in the sole discretion of the management of the Kenosha YMCA. The Kenosha YMCA reserves the right to request additional supporting documents for applicants when necessary to complete the application process.

If awarded, I understand that I will need to activate the membership within 30 days and that activating the membership commits to an annual membership and I am agreeing to pay the monthly fee for 12 months. I am responsible for each monthly payment regardless of usage. I may cancel the membership at any time by giving 14-day written notice.

Signature of Applicant

Date

Application Reviewed on:		Recommended By:	
<input type="checkbox"/> Denied, Reason:		Notified:	
<input type="checkbox"/> Approved, Amount: \$	Value: \$	Notified on:	
Membership Type:		Approval Expires:	
<input type="checkbox"/> Additional Information Needed:		Approved By:	