



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

SCHOLARSHIP APPLICATION



THE Y IS FOR EVERYONE

The YMCA of Metro Denver believes in building strong communities dedicated to the health and well-being of all. Through scholarship opportunities, all individuals and families can learn, grow and thrive at the Y, no matter their financial situation.

PROGRAMS & SERVICES THAT TRANSFORM LIVES

YMCA scholarships are needs-based and can be used toward:

- Membership
- Swim lessons
- Youth sports
- Child care or camp
- Additional YMCA programs that promote health, nurture kids and strengthen community

ABOUT YMCA SCHOLARSHIPS

All scholarships are designed to reduce fees for YMCA programs and services. Financial assistance amounts are determined by the YMCA of Metro Denver and awards are distributed in a fair and consistent manner. Families and individuals are encouraged to reapply every year to continue their scholarships.

To apply, complete the form on the back and provide all detailed documentation. Submission instructions are provided on the back.

THE APPLICATION PROCESS

Applicants will be notified of any assistance within two weeks of submission of their complete application. Incomplete applications will not be accepted. Unless otherwise specified, scholarships are effective for one year from award date. Applicants must reapply annually.

QUESTIONS?

Call 720 524 2700 ext. 0 or email scholarships@denverymca.org

SCHOLARSHIP APPLICATION

YMCA OF
METRO DENVER

I AM APPLYING FOR: Check category/categories for which you are applying:

Membership Child Care or Camp Programs (Youth Sports, Swim Lessons, and other)

What do you feel you can afford to pay for the selected program(s)? _____

My household includes _____ adults and _____ children.

I am applying for programs/care for # _____ children.

Location preference (may not apply): Downtown Denver YMCA Littleton YMCA Schlessman YMCA (Denver)

Southwest YMCA (Denver) Susan M. Duncan YMCA (Arvada) Other: _____

APPLICANT INFO: Adult/Guardian Name: _____ Date of Birth: _____

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

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Annual Gross Household Income from All Adults: _____

Please list all dependents living in household:

Additional Adult: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Other dependents and their ages: _____

CHILD CARE AND CAMP APPLICANT ONLY

Who has custody of the child(ren)? Joint Mom Dad Foster Guardian I do not have custody

Parent/Guardian #1: At home Working In School Parent/Guardian #2: At home Working In School

Please provide us with a letter explaining your need for assistance if your family has special circumstances.

REQUIRED DOCUMENTATION All applicants must submit along with application. Photocopies only please.

Please select the option that applies to you to determine which documents are needed:

I have my most recent tax return **which lists** my current dependents.

Documents needed:

- Copy of full tax return
- One additional **proof of income***
- Any other sources of income (child support, disability, etc)
- Government assistance (food stamps, social security, etc.)

I have my most recent tax return **which does not list** my current dependents.

Documents needed:

- Copy of full tax return
- One additional **proof of income***
- One **proof of dependents****
- Any other sources of income (child support, disability, etc)
- Government assistance (food stamps, social security, etc.)

I do not have my most recent tax return.

Documents needed:

- Two **proofs of income***
- One **proof of dependents****
- Any other sources of income (child support, disability, etc)
- Government assistance (food stamps, social security, etc.)

* **Proof of income documents:** Copy of most recent W-2; Two weeks of paystubs; 3 months of bank statements showing direct deposits.

** **Proof of dependents documents:** Free school lunch program letter; Government assistance document listing household size; Child support statements; Custody, adoption, foster care documentation or transfer of parental rights notarized.

THIS APPLICATION MUST BE RENEWED AT LEAST EVERY 12 MONTHS!

I certify that the above information is true and complete to the best of my knowledge, and that I do not have any additional unclaimed income. To cancel our participation in the assistance program, I will contact the YMCA immediately so sponsorship can be provided to others. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need, and 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

Application and all documents may be submitted in person, by mail, or emailed.

Mailing address: YMCA of Metro Denver, Solution Center, 2625 S. Colorado Blvd., Denver, CO 80222

Email: scholarships@denverymca.org **Questions?** Email or call 720 524 2700 ext. 0

