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.

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

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.
SCHOLARSHIP APPLICATION

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*
• 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