



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

## People Helping People Scholarship Application

### THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Sterling-Rock Falls Family 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 denied access to the Y based on their ability to pay. Through our People Helping People Scholarship Program, we provide assistance to youth, adults and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the YMCA 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.

A scholarship reduces membership fees, it does not eliminate them. Most scholarships will be granted for 3-6 months. We request that individuals and families reapply annually with updated documents. Membership fees are subject to change when you reapply. If you do not reapply, your membership will expire.



Dixon Family YMCA  
110 N. Galena Ave | Dixon, IL 61021  
815.288.9622 | ymca.org



# People Helping People Scholarship Application

Apply for a scholarship in 5 easy steps!

**1 APPLICANT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Under 18? Parent/Guardian Name \_\_\_\_\_

**2 ALL PERSONS LIVING IN THIS HOUSEHOLD**  
\*If over 18 and not in school please list as adult

|                  |           |
|------------------|-----------|
| Adult            | DOB _____ |
| Adult            | DOB _____ |
| Child            | DOB _____ |
| Child            | DOB _____ |
| Child            | DOB _____ |
| Child            | DOB _____ |
| Child            | DOB _____ |
| Additional Adult | DOB _____ |

**3 APPLYING FOR:**

**MEMBERSHIP**

- Youth (up to 12)
- Student (13-20)
- Adult (21+)
- Single Parent Family
- Family\*
- Senior Adult (60+)
- Senior Family\* (60+)

\* Family includes 2 adults & dependent children living in the same house, additional adults will have added fee.

**PROGRAMS**

**For Programs Only**  
\*Please mark which program and write specifically which class you are interested in.

- Water Fitness \_\_\_\_\_
- Swim Lessons \_\_\_\_\_
- Youth Sports \_\_\_\_\_

**4 TO QUALIFY FOR A SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:**  
Attach all applicable financial documents and turn in to the Dixon Family YMCA Member Services Desk. Please provide amount of income recieved from each per month on line provide. Application will not be process without 1040 Form.

- Current Federal Tax 1040 Form, or a statement from the IRS that you don't file taxes.  
(The IRS can be contacted at 800-829-1040)
- Rent Assistance \$ \_\_\_\_\_
- Food Stamps \$ \_\_\_\_\_
- Birth Certificates/Guardianship Papers (Only for children NOT on taxes)
- Two Current Pay Stubs (For all adults in the household) \$ \_\_\_\_\_
- Unemployment (For all adults in the household) \$ \_\_\_\_\_
- Court Ordered Child Support or Alimony \$ \_\_\_\_\_
- Social Security or Disability (For all adults in the household) \$ \_\_\_\_\_
- Transcripts for Full Time Students (Ages 18-23)
- If you have no forms of income, must provide a letter from the person supporting you and a referral letter from someone not related to you (school, clergy, caseworker, etc.)

**THIS APPLICATION MUST BE RENEWED EVERY 3 MONTHS, unless told otherwise!**  
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 sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship 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.

Signature of person completed this form \_\_\_\_\_ Date \_\_\_\_\_

**F OR OFFICE USE**

TOTAL INCOME .....

APPROVED: YES NO

YMCA .....% YOU.....%

STAFF INT..... DATE .....

BACKGROUND.....

MEMBERSHIP EXP .....

**5 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.

I want/need a YMCA Scholarship because: