

**ILLINOIS VALLEY YMCA
SCHOLARSHIP ASSISTANCE
APPLICATION**

Please fill out the following information and **attach the necessary documents (photocopies only)** and return to Dave Potthoff, Illinois Valley YMCA, 300 Walnut Drive, Peru, IL 61354. A letter stating your reason for your request for scholarship assistance must accompany this application. The membership allocation fee must be paid in full or on our automatic payment plan through our monthly bank draft program. Exceptions are made only by the executive director. **Scholarships must be renewed with this form yearly. If you do not join within 6 months of receiving acceptance, you must reapply.**

Date of application: _____ Home Phone: _____

Name: _____ Work Phone: _____

Address: _____ Place of Employment: _____

City: _____ How long? _____

Zip Code: _____ Age: _____ **Your Birthdate:** _____
(required by our software system)

Spouse/Child(ren)'s Names	Age	School/Employer	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Are you a (please check which one): single parent household Adult Individual Family with spouse
(1 adult with children) (1 adult, no children) (with or without children)

Application for financial assistance is for: _____ Membership
(Please list the programs) _____ Program(s): _____

(If this is a preschool class, list which one) _____ Before/After School _____ Preschool _____
(Please list) _____ Other: _____

If you would like to receive our email newsletters and updates, please include your email address: Please print legibly as the address must be exact or it will not work.

Have you ever applied for scholarship assistance before at the YMCA? _____ Yes _____ No

If yes, which YMCA? _____

What volunteer service did you provide? _____

How many volunteers hours did you provide? _____

Your present income level is: _____ Under \$8,000
 _____ \$8,001 to \$12,000
 _____ \$12,001 to \$15,000
 _____ \$15,001 to \$18,000
 _____ \$18,001 to \$20,000
 _____ \$20,001 to \$25,000
 _____ Over \$25,000

What is the dollar amount that you are willing to pay or have the ability to pay each month?

Membership \$ _____ per month
 Program \$ _____ per session
 Child Care \$ _____ per week

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

Why are you applying for scholarship assistance?

What volunteer service can you provide to the YMCA?

Please itemize your month income and expense items:

INCOME		EXPENSE	
Wage, salaries, and tips	\$ _____	Rent/Mortgage	\$ _____
Unemployment Comp.	\$ _____	Utilities	\$ _____
Social Security Comp.	\$ _____	Food	\$ _____
Child Support	\$ _____	Clothing	\$ _____
Aid to Dependent Children	\$ _____	Phone	\$ _____
Food Stamps	\$ _____	Car/Insurance	\$ _____
401K/Retirement Funds	\$ _____	Alimony	\$ _____
Alimony	\$ _____	Child Support	\$ _____
Other	\$ _____	Medical	\$ _____
		Other	\$ _____
Total Income:	\$ _____	Total Expense:	\$ _____

You must attach last year's Internal Revenue Service Tax Statement and/or your SSI allocation statement to verify your annual earnings. PHOTOCOPIES ONLY – please ask courtesy counter staff to copy any originals and take the originals home with you.

Please allow a minimum of three weeks before this application can be processed and approved (or denied) by the YMCA. You will be contacted in writing from the YMCA as to the status of this application. If you have any questions, please feel free to contact the Chief Executive Officer, Dave Potthoff or Joanne Sabotta at: 815-223-7904.