



**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 12 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.



Sterling-Rock Falls Family YMCA
2505 YMCA Way | Sterling, IL 61081
815.535.9622 | srfymca.org



People Helping People Scholarship Application

Apply for a scholarship in 5 easy steps!

1 APPLICANT INFORMATION		
Name		
Address		
City	State	Zip
Phone	Email	
DOB	Under 18?	Parent/Guardian Name
Emergency Contact Person		
Emergency Contact Phone		

2 ALL PERSONS LIVING IN THIS HOUSEHOLD	
Adult	DOB
Adult	DOB
Child	DOB
Child	DOB
Child	DOB
Child	DOB
Child	DOB
Child	DOB
Additional Adult	DOB

3 APPLYING FOR:	
MEMBERSHIP	<input type="radio"/> Youth
	<input type="radio"/> Youth Adult (14-20)
	<input type="radio"/> Adult (21+)
	<input type="radio"/> Single Parent Household*
	<input type="radio"/> Household*
	<input type="radio"/> Senior Adult (65+)
	<input type="radio"/> Senior Household* (65+)
	* Household includes 2 adults & dependent children living in the same house, additional adults will have added fee.

CHILD CARE PROGRAMS	
For Day Camp and Afterschool Only	
Must provide copy of 4-Cs approval or denial before Y scholarship can be approved.	
Parent/Guardian #1	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> School
Parent/Guardian #2	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> School

4 TO QUALIFY FOR A SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:	
Attach all applicable financial documents and turn in to the Sterling-Rock Falls Family YMCA Member Services Desk.	
<input type="radio"/>	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)
<input type="radio"/>	Rent Assistance
<input type="radio"/>	Food Stamps
<input type="radio"/>	Birth Certificates/Guardianship Papers (Only for children NOT on taxes)
<input type="radio"/>	Two Current Pay Stubs (For all adults in the household)
<input type="radio"/>	Unemployment (For all adults in the household)
<input type="radio"/>	Court Ordered Child Support or Alimony
<input type="radio"/>	Social Security or Disability (For all adults in the household)
<input type="radio"/>	Transcripts for Full Time Students (Ages 18-23)
<input type="radio"/>	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 12 MONTHS!	
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

FOR OFFICE USE	
TOTAL INCOME	
APPROVED: YES NO	
YMCA% YOU.....%	
STAFF DATE	
JUDICI	
RAPTOR	
MEMBERSHIP START	

5 TELL US MORE... (REQUIRED) If you need more space, attach an additional sheet of paper.	
If you had a Y scholarship in the past, how did it help you and/or your family?	
If this is your first time applying for a Y Scholarship, please explain how this scholarship would be helpful to you and/or your family.	