



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ALWAYS HERE FOR YOU

**SCHOLARSHIP PROGRAM
ASHLAND AREA YMCA**



Applications will not be processed until the following is completed:

1. Complete and sign the entire application
2. Attach copies of the following documents: **
 - a. _____ Most recently prepared Federal Income Tax Return, and;
 - b. _____ Bank statements from the previous three (3) months, and;
 - c. _____ Pay stubs from previous two months, and;
 - d. _____ Current SSI benefits verification letter or payment stub
 - e. _____ Documentation of any federal assistance like food stamps, rent subsidy, or Aid to Dependent Children cash assistance, and;
 - f. _____ Copy of unemployment income, and;
 - g. _____ Copy of court order awarding child support or alimony, maintenance, etc.
 - h. _____ Copy of utilities and expenses.

****If any of these do not apply please mark N/A on form to speed process**

3. Submit a letter of recommendation stating your household composition, family circumstances, and why they feel you would benefit from a membership to the YMCA. This letter can be from a landlord, social worker, pastor, teacher, or anyone else who knows your situation well. **It cannot be from a family member.**
4. If you are applying for use of the health center, you must have a prescription for the health center facilities included in this application filled out and signed by your attending physician.

Please note: All new applicants will be interviewed prior to receiving any discounted membership. Any renewing applicants can be interviewed at the discretion of the scholarship committee. Your application will not be processed and passed to the interview committee unless all forms are submitted and filled out correctly. Upon receipt and verification of all necessary forms, your application will be scheduled for interview. You will be contacted with an appointment date and time via US mail. The maximum discount varies upon your financial status. Scholarship memberships are good for a period of six (6) months. Recipients must re-apply at the end of the six (6) month period in order to continue membership. *Membership fees are subject to change when you reapply each 6-month period.

If you have any questions you may contact Dawne Ball, Scholarship Coordinator at (606) 324-6191 Monday thru Friday 5:30 AM – 1:00 PM.

ATTENDING PHYSICIAN STATEMENT

PLEASE HAVE YOUR PHYSICIAN FILL OUT THE FORM BELOW ONLY IF YOU ARE APPLYING FOR THE HEALTH CENTER FACILITIES:

NAME: _____ **DATE OF BIRTH** ____/____/____

Dear Attending Physician,

The patient listed above is applying for a reduced membership to the Ashland Area YMCA. They are also requesting access to the Health Center facilities. The Health Center facilities are more expensive and elite. The only things available in the Health Center facilities that are not available in the other areas of the YMCA are the sauna, steam room and whirlpool. The regular YMCA memberships include the gyms, tracks, weight room, treadmills, stairmasters, exercise bicycles, aerobic classes and racquetball courts.

If you believe your patient has a medical condition warranting the use of the sauna, steam room or whirlpool answer the questions below **and attach a prescription for the YMCA Health Center.** The whole application will be reviewed and a decision will be made based on the need of the person applying and the availability of the memberships.

<p>How long have you been treating this patient? _____</p> <p>Do you believe your patient has a medical condition requiring the use of the sauna, steam room or whirlpool? _____</p> <p>Patients Medical Condition: _____</p> <p>How will the sauna, steam room or whirlpool benefit this patient? _____</p> <p>_____</p> <p>Can this patient benefit from Physical or Occupational Therapy and get this same result or better result than the use of a membership to the YMCA? _____</p>

Attending Physician (Please print)

Date

Office Mailing Address

Phone

City, State, Zip

Attending Physician Signature

* Additional copies of this form are available upon request

Gross Monthly Household Income

Head of Household		2 nd Adult In Household	Household Expenses	
Employment	_____	_____	Mortgage/Rent	_____
Unemployment	_____	_____	Insurance(s)	_____
Child Support	_____	_____	Electric/Gas	_____
Alimony	_____	_____	Auto Loan	_____
Social Security	_____	_____	Water/Sewage	_____
Food stamps	_____	_____	Phone	_____
Student Loan	_____	_____	Cell Phone	_____
Retirement Income	_____	_____	Cable TV	_____
Other	_____	_____	Credit Cards	_____
Total	_____	_____	Child Support	_____
			Medical	_____
			Other	_____
			Total	_____

***Please attach copies of mortgage/rent payment, utilities, and child support/alimony orders.**

Please state your reason and/or circumstances for requesting financial assistance: _____

Have you (or your spouse) ever been arrested or convicted of a crime? _____

If yes to above, please explain: _____

By signing here I authorize the YMCA to conduct a background check and/or credit check:

Your signature

Spouse's signature

Social Security # Date of birth

Social Security # Date of birth

Please read each statement and initial:

_____ I understand that if approved I must pay my first month payment and activate my membership within thirty (30) days or my application will be discarded.

_____ I understand these memberships are discounted based on my household size and income.

_____ I understand that if approved I must make the monthly payment each month or the membership will be terminated and I may not reapply until the membership has been paid.

_____ I understand that if approved I must make the payments whether I use the YMCA or not.

_____ The information I am submitting is true and correct to the best of my knowledge.

_____ I understand the YMCA has the right to use other resources to verify the information I submit.

_____ I understand there is no guarantee that I will be approved for the reduced membership and there is no guarantee that I will receive the Health Center facilities even with a prescription.

Print name: _____

Date: _____ / _____ / _____

Signature: _____

Please return completed application with all documents attached to:

ASHLAND AREA YMCA
Attn: Dawne Ball, Scholarship Coordinator
3232 Old 13th Street~Ashland, KY 41102

FOR OFFICE ONLY

Date applicant interviewed _____/_____/_____ Approved _____ Denied _____

Reason for denial (if applicable) _____

Total cost of membership \$ _____ Membership type _____

Value of membership \$ _____ Discount received _____

Amount paid by applicant for 6 months \$ _____

Date issued _____/_____/_____ Renewal date _____/_____/_____ Mid-pid _____

Process committee: _____