



YMCA OF SOUTHEASTERN NORTH CAROLINA
SCHOLARSHIP APPLICATION

Received By: _____
 Branch of Interest: _____
 Nir Family YMCA: ____ Midtown Y: ____

Applicant's Information

Name: _____ Email: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Home Phone: _____ Cell: _____ Work Phone: _____
 Birthdate: ____/____/____ Sex: M F Employer: _____

Spouse's Information

Name: _____ Email: _____
 Home Phone: _____ Cell: _____ Work Phone: _____
 Birthdate: ____/____/____ Sex: M F Employer: _____

Dependents (Ages 23 & Under in Household)

1. Name: _____ Birthdate: ____/____/____ Sex: M F Relationship to Applicant: _____
 2. Name: _____ Birthdate: ____/____/____ Sex: M F Relationship to Applicant: _____
 3. Name: _____ Birthdate: ____/____/____ Sex: M F Relationship to Applicant: _____
 4. Name: _____ Birthdate: ____/____/____ Sex: M F Relationship to Applicant: _____
 5. Name: _____ Birthdate: ____/____/____ Sex: M F Relationship to Applicant: _____
 6. Name: _____ Birthdate: ____/____/____ Sex: M F Relationship to Applicant: _____

Are you a current Y Member? Yes No

Type of Program Requested:

Youth Sports Afterschool Summer Camp Swim Team Swim Lessons Other

Please initial all lines for accuracy and legibility.

You must provide a tax return in order to receive an adjusted rate. If you are not required to file taxes, please present official documentation. Other income (i.e. social security, disability, unemployment) must be provided to substantiate your status. If you have none of the afore-mentioned documents, and your children are eligible for the free lunch program in the schools – please bring in your eligibility paperwork from the school. _____ Initials

Pathways scholarships must be renewed annually. You will be notified 90, 60, and 30 days in advance of your renewal date informing you to resubmit your application. To continue at a discounted rate, you must provide the appropriate documents to verify current household income just as you did at the time you applied. If you do not renew your Pathways scholarship application by your renewal date, the discount will be removed and you will be charged the full rate and will not be refunded. _____ Initials

It is your responsibility to update us with phone numbers, mailing address, email address, etc. If you fail to update us, you will still be held responsible for fees incurred and you will not be refunded. Please verify Phone Number _____ Mailing Address _____ and Email _____.

Please be advised that it is **YOUR** responsibility to call the Membership Desk 5-10 days after submission of this application to be made aware of your scholarship award. Our staff will inform you of your discounts and instruct you on how to proceed. You may visit our facility in person to take advantage of your award or visit our website www.ymcasenc.org to log on to your account, register for programs, apply your discounts, and make payment.

Your application will be held for two months from date of approval. If you have not contacted us to accept before this time, you will need to reapply.

We are committed to serving all people in our community regardless of income. The Y believes a strong sense of ownership and pride are developed when participants contribute to the cost of their Y involvement. Therefore, applicants will be asked to pay a portion of their fees. Membership fees are paid annually, semi-annually, or placed on a monthly bank-draft. No other payment schedules will be accepted. Program fees will be paid according to the program fee structure.

By signing, I certify that I have read the above statement and all information is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

Office Use Only

Membership Type: _____ Amount of Discount: _____ %
 Program Type: _____ Amount of Discount: _____ %