



Scholarship Application

Helping people become the best they can be is what The Y is all about. Everyday the The Y of Klamath Falls works to promote the healthy development of children and strengthen the families we serve. We are fully committed to helping people grow in spirit, mind and body.

We welcome all who wish to participate and believe that no one should be denied access to membership or programs based on ability to pay. Our financial aid program provides assistance to youth, adults & families determined by individual needs and circumstances.

We are for youth development, healthy living and social responsibility. The scholarship program speaks directly to those Areas of Focus.

Please note: The Y of Klamath Falls scholarship program reduces fees; it does not eliminate them.

To be considered for a Y scholarship, complete the application in this packet, providing the requested information regarding your income and family size. Use the Financial Documents Information shown below to determine what you must include. Return the completed application & financial documents to the Y front desk. All applications are kept confidential.

Financial Documents Information

If you receive monthly income from **EMPLOYMENT**, then you must include pay stubs for the past 3 months for each working individual in household. If you receive income from any other source (refer to listing in Step 4), a copy of payment information or a bank statement showing amount deposited **must be submitted for each source of income.**

Recipients of scholarship awards must be aware that periodic re-evaluations are required. Request for re-evaluation documents will be made by letter.



The Y of Klamath Falls

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Phone 541-884-4149 www.kfallsymca.org



STEP FOUR

Financial Resources

Please list amount of all financial resources you and/or your family receive on a monthly basis. Documentation must be attached or the application cannot be accepted.

	Adult #1	Adult #2	Children	HOUSEHOLD TOTAL
Total Gross Wages				
Child Support				
Temporary Assistance for Needy Families (TANF) or DHS/AFS				
Social Security Income				
Social Security Disability				
Unemployment				
Alimony				
Retirement/Pension				
Food Stamps				
HUD				
Other Assistance (childcare subsidy, federal/state aid, medical aid, etc.)				
TOTAL MONTHLY INCOME				

Additional Information – Please write a brief statement about why you want/need a financial scholarship from the Klamath County Family YMCA. Use this section to indicate any other information or extenuating circumstances that you feel would help in making the scholarship decision. If you need more space, please attach an additional page to this application.

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 scholarship assistance is based on need. In the event that I or my children must cancel our participation, or if my income level increases, I will contact the YMCA staff immediately so scholarship assistance 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.

STEP FIVE

Signature of person completing this form _____ Date _____

OFFICE STAFF USE ONLY

Approved by	Date	Membership	Program	Date Notified/By	Scholarship Amt/%

Additional

Notes: _____

Scholarship re-evaluation date: _____