



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL SCHOLARSHIP PROGRAM

What is the YMCA's WELCOME TO ALL SCHOLARSHIP PROGRAM?

At the YMCA of Klamath Falls we believe that "No one should be turned away for the inability to pay." The Welcome to All Scholarship program, supported in part by our Annual Campaign provides families, children, and adults the ability to obtain quality Child Care, Youth Programs, and Health and Wellness services.

WHO IS ELIGIBLE AND HOW IS THE AMOUNT DETERMINED?

Anyone is welcome to apply. The amount of assistance granted is based on the application process and review of the required documentation provided by the applicant. Our Welcome to All Scholarship Program reduces membership and program fees but does not eliminate them. The YMCA of Klamath Falls believes a strong sense of ownership and pride is developed when our recipients contribute to the cost of their YMCA involvement. When reapplying for our scholarship program fees are subject to change.

HOW DO I APPLY?

- Complete the two- page application.
- Provide all applicable income information and documentation from all individuals in the household.
- Each applicant must provide a copy of their most recently filed Federal income tax form 1040 for all adults in the household (W- 2s are not accepted). A Schedule C also needs to be included if the individual is self- employed. If you do not have a copy of your return, you can get one by calling the IRS at 800- 829- 1040 or visit their website at www.irs.gov.
- Attach copies of 2 current paystubs for each working adult in the household.
- Attach copies of documentation for any other sources of income that applies to your current situation.
- Applications that are not complete and/ or do not have copies of all required documentation **will be returned to the applicant** requesting additional information. Please include copies (no originals) of documents, as all documentation you provide is destroyed after your application has been processed.

HOW WILL I KNOW IF I QUALIFY?

You will be notified by mail to the address listed on your application within **15 business days** of our offices receiving the completed application. Due to the high volume of applicants, we request that you refrain from calling to check the status of your application.

Contact Vickie Walling at www.Vickie.Walling@kfallsymca.org or 541-887-2512.



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WELCOME TO ALL

HAVE QUESTIONS ABOUT DOCUMENTATION?

HERE ARE EXAMPLES OF THE DOCUMENTATION WE ACCEPT.

TAX INFORMATION

- Federal 1040 form- 2 pages
- If someone in the household is self- employed, then a schedule C form is also needed.
- If you do not have a copy of your tax return you can obtain one by calling the IRS at 800- 829- 1040 or visit their website at www.irs.gov.

EMPLOYMENT- PAYSTUBS

- Two current/ consecutive paystubs from each working adult in the household. Paystubs must reflect gross pay.
- If paystubs are unavailable, a letter from the employer on a letterhead stating the average number of hours per week and hourly wage is acceptable. Bank Statements do not reflect gross pay and are not an acceptable form of documentation.

UNEMPLOYMENT

- Statement from the Department of Labor showing the amount that is received weekly.
- Bank Statement showing a weekly deposit amount from the Department of Labor.

SOCIAL SECURITY/ DISABILITY/ SSI

- A letter from the Social Security Administration stating the current amount received.
- 1040 Tax form line 14 also shows Social Security Income.

CHILD SUPPORT/ ALIMONY

- Court documents (usually a divorce decree). We only require the page that lists the amount ordered to be a paid.
- Bank statements showing a minimum of 2 deposits from the Child Support Services.
- Payment history report from DHHS that states the amount ordered and shows the amounts that have been paid over a period of time.

FOSTER CARE/ WARD OF THE STATE INCOME

- Bank Statement showing a minimum of 2 deposits.
- Monthly income statement showing support for each child.

WELCOME TO ALL Documentation Questions (continued)

AID TO DEPENDENT CHILDREN (ADC)

- Letter from the Department of Health and Human Services (DHHS) stating the current amount received in support and benefits. Letter can be obtained by calling DHHS if the applicant does not have a copy.
- "Benefits Inquiry" statement printed from the DHHS online services.

SNAP BENEFITS (FOOD STAMPS)

- Letter from the Department of Health and Human Services (DHHS) stating the current amount received in support and benefits. Letter can be obtained by calling DHHS if the applicant does not have a copy.
- "Benefits Inquiry" statement printed from the DHHS online services.

HOUSING ASSISTANCE

- Housing Authority letter that includes HAP payment, tenant rent, and total rent due to the owner
- Lease agreement that states the amount of assistance received.

STUDENT LOAN

- Depending on the institution, most student loan information can be obtained through the school's website and the student's personal account.
- Deposit to a bank account showing the amount received per semester/ quarter.

RETIREMENT/ PENSION/ IRA OR TRUST FUND INCOME

- Letter from the company or fund stating the amount and the frequency of disbursement.
- A monthly statement showing that amount received.
- 1040 Tax form lines 11 and 12 also shows IRA and Pension Income

PARENTAL SUPPORT

- Applicant must indicate the dollar amount of support or type of support provided by parent/ guardian per month

OTHER

- Documentation will depend on what the "other" income is. Please email or call the YMCA for clarification. Often this type of income can be shown on a bank statement.

NOTE:

- Financial assistance is only available for one program at a time – i.e., if an applicant has been awarded financial assistance for membership, he/she may not apply for financial assistance for another program.



WELCOME TO ALL SCHOLARSHIP PROGRAM APPLICATION The YMCA of Klamath of Falls

Primary Adult: First Name - M.I.- Last Name		Birth Date: / /	Gender: __F __M	
Home Address:	Apt#:	City:	State:	Zip:
Phone:	Email:	Alternate Number:		

2 nd Adult in Household:	Birth Date: / /	Gender: __F __M	
Relationship:	Phone Number:		

DEPENDENTS AND ALL OTHER PERSONS LIVING IN THE HOUSEHOLD

List below all other adults and children currently residing in the household. Only children who are born to you, legally adopted/ guardianship by you, or claimable on your taxes will be considered dependents. Children 19 years and older are considered dependents only if they are a full-time student AND you claimed them on your federal income taxes.

First Name - M.I.- Last Name	Gender: __F __M	Birth Date: / /	Relationship:	Employer/ School Attending:
1)				
2)				
3)				
4)				

FOR OFFICE USE ONLY:

Date received _____ Exp: _____ Initials ___ Complete ___ Letter Sent _____ Rate _____
 F/A Amount % _____ We Cover _____ You Cover ___ Other Fees _____ Review Month _____
 Notes _____

WELCOME TO ALL APPLICATION (continued)

Program for which you are applying (please pick only one):

Membership Sports Swim Lessons Childcare Camp

1. REQUIRED TAX INFORMATION:

PLACE A CHECK MARK IN FRONT OF THE STATEMENT THAT BEST DESCRIBES YOUR TAX FILING SITUATION:

- I have included my most recently filed Federal tax return form 1040 (and Schedule C if applicable)
- I did not file taxes
- Other (please explain) _____

2. TOTAL HOUSEHOLD WAGE INFORMATION

PLACE A CHECK MARK IN FRONT OF THE STATEMENT THAT BEST DESCRIBES YOUR HOUSEHOLD:

- Both adults in the household are currently employed. I have **included** 2 current paycheck stubs that list gross income from each adult.
- One adult in the household is currently employed. I have **included** 2 paycheck stubs from the employed individual that lists gross income.
- No one in the household is currently employed.

3. OTHER INCOME AND BENEFITS INFORMATION

PLACE A CHECK MARK IN THE APPLICABLE BOX INDICATING OTHER INCOME AND BENEFITS YOUR HOUSEHOLD RECEIVES. ALL INCOME MUST BE VERIFIED BY INCLUDING COPIES OF DOCUMENTATION.

Does anyone in the household receive:

- | | | |
|--|------------------------------|-----------------------------|
| Unemployment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Social Security Benefits/Disability/ SSI | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child Support/ ADC or Alimony | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Snap Benefits (Food Stamps) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Housing Assistance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Foster Care/ Ward of the State | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Student Loan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Retirement/Pension/IRA's or Trust Fund | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Monetary Support | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Parental Support | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Total Monthly Income

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

I certify that all information I have supplied on this application is true. I understand that any false statement or misinterpretation of this application may disqualify me from receiving financial assistance. I understand that if my account becomes delinquent, or if I decide to cancel or leave the program for which I am receiving assistance, my financial aid will be revoked, and I must apply again for any further assistance in any program or membership.

Applicant Signature _____

Date _____