

**Metro Atlanta YMCA  
PARTNER WITH YOUTH  
SCHOLARSHIP PROGRAM  
2009-2010 PRIME TIME ONLY!!!!**

**PLEASE READ THE ENTIRE APPLICATION THOROUGHLY & COMPLETE THE CHECK LIST BEFORE TURNING IN THE APPLICATION!**

APPLICATIONS WILL ONLY BE PROCESSED ONCE ALL DOCUMENTS ARE SUBMITTED AND THE APPLICATION FILLED OUT COMPLETELY. IF AN APPLICATION IS SUBMITTED WITHOUT THE PROPER DOCUMENTATION, THE APPLICATION WILL BE RETURNED WITH A LETTER STATING WHAT ADDITIONAL INFORMATION IS REQUIRED.

The following documents are **required** for the processing of a scholarship:

- Explanation of why you are in need of financial assistance (complete “Your Story” on page 4)
- Copy of 2008 tax return (form 1040 and all W-2’s)\*
- Copy of last two (2) paycheck stubs and/or a letter from your employer verifying your current salary. The letter from the employer must be on the company letterhead.
- (or) Copy of Unemployment Income Verification letter
- (or) Copy of Social Security or Disability award letter
- If receiving food stamps or TANF, a copy of food stamps or TANF award letter
- If you are a full time student, provide documentation confirming your full-time enrollment status

**\*If you have any questions or need any additional information, please contact Alvarez Stampley at 770-451-9622 or [alvarezs@ymcaatlanta.org](mailto:alvarezs@ymcaatlanta.org).**

\*\*Note: If you do not have a copy of your tax return, you may obtain a copy by contacting the Internal Revenue Service (1-800-829-1040).

\*\*\*Additional documents may be requested.

\*\*\*\* PRIMETIME scholarships must be claimed within two weeks of approval. If scholarships are not claimed within the time allowed, you will need to reapply.

\*\*\*\*\*All applications are based on household information.

The YMCA will begin accepting PRIME TIME scholarships July 1st. You may contact the YMCA after **July 15th** to check the status of your application. **PLEASE REMEMBER** that scholarship applications take about **TEN BUSINESS DAYS** to process, so please be mindful of the date your application was submitted before calling.

**THE PARTNER WITH YOUTH PROGRAM IS DESIGNED TO SERVE:**

- Deserving and needy youth who want to participate in after-school childcare programs, day camp, youth programs within the facility, and youth sports.
- Adults who are temporarily out of work (and their families), especially those who have been members.
- Youth and families on limited incomes, referred by schools, churches, and other agencies.

The YMCA seeks to serve those who exemplify the goals of the YMCA and who can and will make good use of the programs offered by the YMCA. The YMCA is not staffed to provide professional counseling and must reserve the right not to accept referrals that require this special service.

The Partner With Youth program is considered a stepping stone towards a full-pay membership for most applicants. All members on financial assistance must reapply annually, unless otherwise specified. If you do not reapply, your Partner With Youth scholarship will automatically expire. If you are going to reapply, please do so at least two weeks before your current scholarship expires so that they will not be a lapse in your membership.

- ❖ Some programs, such as Primetime and Day Camp may have additional requirements and processing schedules.

Our Mission: Your YMCA, reflecting its Judeo-Christian heritage, is an association of volunteers, members, and staff open to and serving all, providing programs and services, which develop spirit, mind, and body. Financial assistance is available based on need. The YMCA actively seeks to identify and involve those in need.

FOR STAFF USE ONLY:  
DATE RECEIVED:  
\_\_\_\_\_

PLEASE INDICATE YOUR NEED BY CHECKING THE APPROPRIATE REQUEST:

Is this request for Prime Time? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, which school site? \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Are you a full time student? \_\_\_\_ If yes, where? \_\_\_\_\_ How many hours? \_\_\_\_\_

Are you married? \_\_\_\_\_ Spouse's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Is spouse a full-time student? \_\_\_\_ If yes, where? \_\_\_\_\_ How many hours? \_\_\_\_\_

Are any of your children receiving free or reduced lunch? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, it is advised that you attach supporting documentation.

List names (including last names if different from the applicant) and ages of all dependents (those you claim on your Federal Tax's):

- 1. \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ M / F
- 2. \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ M / F
- 3. \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ M / F
- 4. \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ M / F
- 5. \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ M / F
- 6. \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ M / F

**Employment Information**

Employer \_\_\_\_\_ Position \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Gross Monthly Income \$ \_\_\_\_\_ How long at this current job?  
\_\_\_\_\_

**Spouse or Second Adult's Employment Information**

Employer \_\_\_\_\_ Position \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Gross Monthly Income \$ \_\_\_\_\_ How long at this current job? \_\_\_\_\_

Do you share expenses with anyone else in your household? Yes \_\_\_ No \_\_\_

How many adults are in your household? \_\_\_\_\_ How many children? \_\_\_\_\_

Does any member of your household receive any of the following? Check those that apply. Please provide documentation to support your choices.

	YES	NO	MONTHLY INCOME
TANF	_____	_____	_____
Food Stamps	_____	_____	_____
Social Security	_____	_____	_____
Disability	_____	_____	_____
Child Support	_____	_____	_____
Alimony	_____	_____	_____
Unemployment	_____	_____	_____
Pension/Retirement	_____	_____	_____

Can we contact you to support the Partner With Youth Annual Campaign? Yes \_\_\_ No \_\_\_

