FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

The YMCA of Greater Fort Wayne is committed to our mission that "No one is turned away for the inability to pay." All Y members receive the same membership benefits, regardless of whether or not they are receiving financial assistance. The Y maintains confidentiality of all financial information received in the application process.

- A scholarship reduces membership fees; it does not eliminate them.
- The YMCA requests that individuals and families reapply every 3 years, with updated documentation.
- Membership fees are subject to change when you reapply.
- If you do not reapply at the time requested, your membership will expire.
- Please contact your branch if you have any questions.
- A 50% scholarship is available for foster families. (See branch for details)

Scholarship Application

Apply for a Financial Scholarship in 6 easy steps!

1 APPLICANT INFORMATION

Name:

Address:

City:

State: Zip Code:

Home Phone:

Cell Phone:

Email:

If applicant is under 18: Parent or Legal Guardian Name:

2 ALL PERSONS LIVING IN HOUSEHOLD

Place a ✔ for each person applying for assistance	DOB
☑ Parent/Adult	
☐ Parent/Adult	
☐ Child	
☐ Child	
☐ Child	
☐ Child	
☐ Other	

YMCA of Greater Fort Wayne Branches:

CAYLOR–NICKEL FNDN. FAMILY YMCA
550 West Dustman Rd.
Bluffton, IN 46714
260.565.9622

CENTRAL BRANCH YMCA
1020 Barr Street
Fort Wayne, IN 46802
260.422.6486

JACKSON R. LEHMAN FAMILY YMCA
5680 YMCA Park Drive West
Fort Wayne, IN 46835
260.755.4949

JORGENSEN FAMILY YMCA
10313 Aboite Center Rd.
Fort Wayne, IN 46804
260.432.8953

PARKVIEW FAMILY YMCA
10001 Dawsons Creek Blvd.
Fort Wayne, IN 46825
260.497.9996

RENAISSANCE POINTE YMCA
2323 Bowser Ave.
Fort Wayne, IN 46803
260.447.4567

3RIVERS FCU FAMILY YMCA
7500 SR 930 E
Fort Wayne, IN 46803
260.369.1426

WEIGAND FAMILY YMCA
838 S. Harrison Street
Fort Wayne, IN 46802
260.755.4900

WHITLEY COUNTY FAMILY YMCA
950 East Van Buren St.
Columbia City, IN 46725
260.244.9622

YMCA CAMP POTAWOTAMI
PO Box 38
South Milford, IN 46786
260.351.2525

YMCA CHILD CARE SERVICES
1025 W. Rudisill Blvd. Box #7
Fort Wayne, IN 46802
260.449.8464

3 I AM APPLYING FOR

✔	Check type of membership applying for
☐	ADULT
☐	ONE ADULT HOUSEHOLD
☐	HOUSEHOLD
☐	STUDENT
☐	SENIOR
☐	SENIOR HOUSEHOLD

✔	Check type of program applying for
☐	CAMP POTAWOTAMI
☐	CHILD CARE SERVICES
☐	OTHER: _____

*For more information about eligibility, please contact your local YMCA

4 PLEASE MARK ALL THAT APPLY

I RECEIVE:

- ☐ ENERGY ASSISTANCE
- ☐ HOOSIER HEALTHWISE
- ☐ CANI (HEADSTART)
- ☐ CANI (CHILDCARE VOUCHER)
- ☐ TANF (CASH ASSISTANCE)
- ☐ SNAP (FOODSTAMPS)

5 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

For your application to be processed you must provide verification of all sources of household income:

- Most recent 30 days income of all wage earners
- Court order verifying child support
- Verification of any government assistance
- Current SSI documentation
- Proof of unemployment/verification not employed
- Proof of any other source of income

Gross Income (for all wages and tips)	Adult 1	Adult 2	Adult 3
Child Support			
Social Security Benefits			
Unemployment			
Government Assistance			
Any other income			

Total monthly income $ _____

6 THIS APPLICATION MUST BE RENEWED EVERY 3 YEARS

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. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form _____ Date _____

Attach all applicable financial documents and turn in to your YMCA Member Service Desk.

TELL US MORE...Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

FOR OFFICE USE

APPROVED: YES NO

MEMBERSHIP TYPE: _____

MEMBERSHIP ENROLLMENT FEE: _____

MEMBER SCHOLARSHIP %: _____

MONTHLY FEE: _____ ANNUAL FEE: _____

PROGRAM SCHOLARSHIP %: _____

NOTES: _____

CURRENT BALANCE: _____

MEMBER ID#: _____

STAFF MEMBER: _____

BRANCH: _____

NOTES in DAXKO: YES NO

DATE: _____

AWARD LETTER IS VALID FOR 30 DAYS.