INFO & FAQ

FINANCIAL ASSISTANCE

Through the Helping Hands Scholarship Program, the YMCA of Southwest Kansas is able to award financial assistance to those who need it most. The YMCA believes that everyone should have the opportunity to participate regardless of income, race, religion or ability. Applicants must fill out the application and provide all paperwork to qualify. Medical hardships and other financial constraints will be considered.

HOW IS THE SCHOLARSHIP DETERMINED?

We offer a sliding fee scale based on the annual household gross income and the number of dependents, whether applying for a single or family membership. The process can take up to one week or as little as two days.

HOW LONG DOES IT LAST?

The scholarship is good for up to one year. Recipient will be notified via mail one month before the expiration date with instructions to reapply. If a membership draft is involved and a scholarship is not reapplied for or reapproved, the amount of the membership will revert back to the regular rate.

PLEASE TELL US WHY YOU ARE REQUESTING THIS ASSISTANCE



YMCA OF SOUTHWEST KANSAS

Helping Hands Scholarship Program



Made possible by our Annual Support Campaign and United Way



FOR YOUTH DEVELOPMENT FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Garden City: Crystal Ibarra, Membership Director cibarra@ymcaswkansas.org 1224 Center Street 620.275.1199

Dodge City: Jodi Conrardy, Membership Director jconrardy@ymcaswkansas.org 240 San Jose 620.225.8157

ymcaswkansas.org

The YMCA of Southwest Kansas is a non-profi two words in our Mission Statement are " participate in a YMCA program or have a Please fill out the confidential applic you with financial assistance. Please If you need more space WHICH IS YOUR HOMF BRANCH?	The YMCA of Southwest Kansas is a non-profit organization. We receive no local, state or federal tax money. The last two words in our Mission Statement are "for all." This is because we strive to give everyone an opportunity to payl participate in a YMCA program or have a membership. NO one will be denied access solely on inability to payl Please fill out the confidential application and attach the necessary forms so we can provide you with financial assistance. Please tell us why you are wanting assistance on the back page. If you need more space, please attach a separate sheet of paper.
NAME NAME BRANCH	
EMPLOYER	BIRTHDATE DATE
PH: HOME WORK	CELL SEX
SPOUSE I	EMPLOYER
.egal dependents under	18 thro
Dependents	Relationship Birthdate Sex
3.	
4.	
5.	
i certify that all of the above information is true & complete;	IS TRUE & COMPLETE:
MONTHLY GROSS INCOME	REQUIRED DOCUMENTATION
Applicant Spouse	Please submit your completed application along with
Salary/ wages	documentation listed below that applies to you.
	Last years tax return Two current concernitive mavetube
Govt. Assist.	Proof of all dependents listed on application
Food Stamps	Copies of social security or disability checks
Cash Assist.	Copy of your bank statement for the past six
Other Income	months if you did not file taxes
TOTAL	 Other assistance verification
Comments:	ALL INFORMATION MUST BE CURRENT
APPROVED FOR % Effective Date	FOR OFFICE USE ONLY BFD/CFO M D
REASON	