

**THE YMCA OF METROPOLITAN CHICAGO - BUEHLER YMCA  
REQUEST FOR SCHOLARSHIP**

**PLEASE COMPLETE THE INFORMATION BELOW TO HELP US EVALUATE YOUR REQUEST:**

Name:	Telephone:	Received:
Address:		
City:	State:	Zip:
Number of people residing in the household: _____		
Names and ages of all residing in the household:		

**ARE YOU CURRENTLY A BUEHLER YMCA MEMBER?**

Yes  No

If yes, please put your membership number here: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**ARE YOU REQUESTING A REDUCTION IN MEMBERSHIP FEES?**

Yes  No

If yes, check membership type desired:  Family  Adult  Youth (8-17 years of age)  
What keeps you from paying the full amount? (reason for request) \_\_\_\_\_

What can you afford to pay each month? \$ \_\_\_\_\_

**ARE YOU REQUESTING A REDUCTION IN PROGRAM FEES?**

Yes  No

If yes, check programs desired:  Aquatics  Youth Sports  Fitness  After school Care  Pre-School  
 Camps

**Please be specific with class name and for whom:** \_\_\_\_\_

What keeps you from paying the full amount? (reason for request) \_\_\_\_\_

What can you afford to pay for the program(s)? \$ \_\_\_\_\_

**DOCUMENTATION OF INCOME:**

*Please provided all information required; otherwise, your application will be returned to you and delay the approval process.*

**What is the total annual income for your entire household? \$ \_\_\_\_\_ (include salary information for ALL working individuals in the household, child support, maintenance, social security, public assistance/food stamps, etc.)**

**Attach copies of the following to document income:**

Federal IRS 1040 for most recent tax year (**NOT** your W2 earning statement) **AND** whichever of the following items apply to your household:  Two most recent paycheck stubs for all who work (**not** advices of deposit)

Social Security income verification letter

Public Assistance income verification letter  Public Assistance food stamps verification

**YOUR REQUEST WILL NOT BE PROCESSED WITHOUT FINANCIAL DOCUMENTATION PROVIDED**

**STATEMENT BY APPLICANT:**

I certify that all information provided to the YMCA of Metropolitan Chicago in this application for reductions are true. I understand that false information will make me ineligible for any participation in the organization. I understand that the decision to grant a fee reduction is the sole discretion of the Board or Managers or its designee.

Signature of Applicant\Parent\Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

<b>Membership:</b>	Total fees: \$ _____	<b>Program:</b>	Total fees: \$ _____
	Amount to be waived: \$ _____		Amount to be waived: \$ _____
	Amount to be paid: \$ _____		Amount to be paid: \$ _____
	Approved by: _____		Approved by: _____

**PLEASE RETURN TO: The Executive Director · Buehler YMCA · 1400 W. Northwest Hwy. · Palatine, IL 60067**

**Telephone: 847.359.2400 FAX: 847.359.2440**

financial assistance application.wpd