THE Y is

HERE FOR ALL.

YMCA of Greater Monmouth County is dedicated to helping all community members access facilities and programs that nurture potential and help families to live healthier together. We welcome all to the Y, regardless of the ability to pay.

Our scholarship program based on household financial need is funded through the generosity of YMCA donors. To ensure we are responsible stewards of available funds and compliant with tax-exempt requirements, we ask our applicants to provide documentation to verify household income. Every member can feel confident that the Y serves the community equitably, sensitively and with care for the well-being of all.

There are two types of Scholarship verification, Express or Traditional.

##### EXPRESS VERIFICATION

Applicants receiving aid from county or state agencies have already undergone a thorough income verification process.   
We will accept the following for verification:

|  |  |
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| TYPE | ACCEPTED DOCUMENT |
| WFNJ/TANF or WFNJ/GA | Notice of Approval |
| Cash Aid SNAP | Notice of Approval |
| NJ Foster Parent/Kinship Care | Foster Care Notice of Approval |
| NJ Family Care/Medicaid | Identification Card |
| NJ Child Care Subsidy | Notice of Approval |
| Free or Reduced Lunch Program | Notice of Approval |
| WIC Statement | Letter/Voucher |

##### TRADITIONAL VERIFICATION

We will require the following for traditional verification:

* Most recent tax return: First two pages of Forms 1040 or 1040A
* Self-employed individuals must include Schedule C
* Two most recent pay stubs, or letter from employer verifying income
* Other income verification (if applicable)
* SSI or Disability Statement
* Unemployment Benefits

All applications can be accepted at the welcome center of your local YMCA. You can also send your documents electronically as needed. Should you need further assistance, call YMCA Team Headquarters at 732.671.5505.

Applicants should be notified within 48 hours for Express Verification and seven (7) days for Traditional Verification.

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|  | SELECT YOUR BRANCH | | | | | | |
| Today's Date |  Freehold YMCA  Old Bridge YMCA  Red Bank Family YMCA | | | | | | |
| HOUSEHOLD INFORMATION | | | | | | | |
| Primary Adult Name | | | | | Birth Day mm/dd/yy | | |
| E-mail | | | | Phone:  ( ) - Mobile | | | |
| Address | | | | | | Unit # | |
| City | | | | | State | | Zip |
| Preferred Contact Method: E-mail Phone | | | | | | | |
| House Member 1 | | | Birth Day mm/dd/yy | | | | Under 18 |
| House Member 2 | | | Birth Day mm/dd/yy | | | | Under 18 |
| House Member 3 | | | Birth Day mm/dd/yy | | | | Under 18 |
| House Member 4 | | | Birth Day mm/dd/yy | | | | Under 18 |
| House Member 5 | | | Birth Day mm/dd/yy | | | | Under 18 |
| Are you currently a YMCA member? Yes No | | | | | | | |
| Scholarship Requested | | | | | | | |
| Membership Type:   Youth (0-13)  Teen (14-18) Young Adult (19-29)  Adult (30-61)  Senior (62+)  2P Adult  2P Senior  Family | | | | | | | |
| Program Name: | | Participants: | | | | | |
| Program Name: | | Participants: | | | | | |
| Program Name: | | Participants: | | | | | |
| Your Personal Story | | | | | | | |
| Tell us how you feel a scholarship could benefit your household: | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HouseHOld Income | | | | | | | | | | |
| All adults requesting scholarship must provide verification of income. Please disclose all sources of income. | | | | | | | | | | |
| Express Verification | | | | | | | | | | |
| Pre-approval Program (Select the program that applies):  WFNJ/TANF /GA Cash Aid SNAP NJ Foster Parent/Kinship Care NJ Family Care/Medicaid  NJ Child Care Subsidy Free and Reduced Lunch Program WIC HUD/Section 8 | | | | | | | | | | |
| STAFF USE ONLY | | Receiving Staff Initials | | | | | | Date Received | | |
| Traditional Verification | | | | | | | | | | |
| Adult Name | Income Type | | | Amount/Frequency | | Annual Income | | | | Verified? Staff Initial/date |
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| Current Household Annual Income: | | | | | |  | | | |  |
| Recent Federal Tax Return - Adjusted Gross Income (AGI)\*: | | | | | |  | | | |  |
| \*Traditional applications only. To locate AGI by Tax Return Type Form 1040, line 37  Form 1040A, line 21  Schedule C, line 31 | | | | | | | | | | |
| SHOULD I NEED TO CONTINUE ASSISTANCE, I UNDERSTAND THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS. MEMBERSHIP FEES ARE SUBJECT TO CHANGE ON MY ANNIVERSARY DATE WITHOUT RENEWAL. I certify that the above information is true and complete to the best of my knowledge, and that I, along with other adults listed, 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 scholarships are awarded based on need. In the event that I, or my children, must cancel my/our participation, I will contact the YMCA immediately so that scholarship can be applied to others. 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 | | | | | | | | | Date | |
| YMCA OFFICE USE ONLY | | | | | | | | | | |
| Application Review (print name) | | | | | | | Member Contact Date | | | |
| Household FT-ID | | | | | Declined (reason): | | | | | |
| Approved: | | | Membership % | |
|  | | | Program % | |
| Final Review/Authorization (Print Name) Redeem by: | | | | | | | | | | |