



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

## Membership for All Scholarship Application

### OUR PROMISE

We promise to provide a supportive environment that connects individuals and families to a community that inspires healthy living. With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA of Greater Tulsa ensures that every individual has access to the essentials needed to learn, grow and thrive.

### EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate, and believes that no one should be denied access to the Y based on their ability to pay. Through our **Membership for All Scholarship Program**, the YMCA of Greater Tulsa provides assistance to youth, adults and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by YMCA branches in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



A Membership for All Scholarship reduces membership fees; it does not eliminate them.

All Membership for All Scholarships will be granted for 12 months.

The YMCA requests that individuals and families reapply annually, with updated documentation.

Membership fees are subject to change when you reapply.

If you do not reapply at the time requested, your membership price will increase to the full rate.

Please contact your branch if you have any questions.

[ymcatulsa.org](http://ymcatulsa.org)

Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.



# MEMBERSHIP FOR ALL Scholarship Application

Apply for a Membership for All Scholarship in 6 easy steps!

**1 APPLICANT INFORMATION**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Cell Phone (     ) \_\_\_\_\_

Email \_\_\_\_\_

**2 ALL PERSONS LIVING IN THIS HOUSEHOLD**  
Place a check mark  for each family member applying for assistance.

<input type="checkbox"/>	DOB
<input type="checkbox"/>	DOB
<input type="checkbox"/>	DOB
<input type="checkbox"/>	DOB
<input type="checkbox"/>	DOB
<input type="checkbox"/>	DOB
<input type="checkbox"/>	DOB
<input type="checkbox"/>	DOB
<input type="checkbox"/>	DOB
<input type="checkbox"/>	DOB

**3 I AM APPLYING FOR**  
Check category for which you are applying

<b>YOUTH</b> (AGES 0-13)
<b>TEEN</b> (AGES 14-18)
<b>YOUNG ADULT</b> (AGES 19-25)
<b>ADULT</b> (AGES 26+)
<b>ONE ADULT + CHILDREN</b>
<b>HOUSEHOLD</b> (2 ADULTS + CHILDREN)
<b>CAMP:</b> <input type="radio"/> DAY <input type="radio"/> OVERNIGHT
<b>CHILD CARE</b>
<b>YOUTH SPORTS</b>
<b>OTHER</b> (PLEASE LIST)

MEMBERSHIP PROGRAM

**5 TO QUALIFY FOR FINANCIAL AID, PROVIDE THE FOLLOWING DOCUMENTS:**

**I FILED FEDERAL TAXES FOR LAST YEAR**

1040 Federal Tax Form(s) for all incomes in household

- I am single, and only working adult in the household; I am providing ONE 1040 form
- I am married filing jointly; I am providing ONE 1040 form.
- We filed MORE than ONE tax form in our household; we are providing \_\_\_\_ 1040 forms.

\$ \_\_\_\_\_  
TOTAL ANNUAL HOUSEHOLD INCOME

**OR**

**I DID NOT FILE FEDERAL TAXES FOR LAST YEAR**  
OR MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED FOR LAST YEAR

Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)

\$ \_\_\_\_\_ x 12 = \_\_\_\_\_  
30 DAYS INCOME MONTHS

\$ \_\_\_\_\_  
TOTAL ANNUAL HOUSEHOLD INCOME

Find support documents you may need to provide by going to Oklahoma Dept. of Human Services' website: [okdhs.org](http://okdhs.org).

**THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!**

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 financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so financial aid can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance in the future.

**6** \_\_\_\_\_  
Signature of person completing this form Date

**ATTACH ALL APPLICABLE FINANCIAL DOCUMENTS AND TURN IN TO YMCA BRANCH MEMBER SERVICE DESK.**

**4 FOR FAMILIES WITH CHILDREN**

**Who has custody of the child(ren)?**  
 Joint    Mom    Dad    Foster  
 Guardian    I do not have custody

**Parent/Guardian #1**  
 At Home    Working    In School

**Parent/Guardian #2**  
 At Home    Working    In School

**FOR OFFICE USE**

DATE: \_\_\_\_\_ STAFF NAME: \_\_\_\_\_

MEMBERSHIP DUES: \_\_\_\_\_  
Per Month

JOINING DUES: \_\_\_\_\_  
One Time Fee

PROGRAM DUES: \_\_\_\_\_

**AWARD LETTER IS VALID FOR 30 DAYS.**  
YMCA Staff: Return financial documents to applicant. Copy this form and give to applicant.

**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.

**I want/need YMCA Membership for All financial assistance because:**