



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

The P.A.C.E. Scholarship Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Ross County YMCA 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 scholarship program known as P.A.C.E. (Providing Assistance and Christian Enrichment), the Ross County YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

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.

The PACE scholarship reduces membership fees; it does not eliminate them.

The PACE scholarships will be granted for six (6) months.

The YMCA requests that individuals and families reapply every six (6) months, 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 the Y if you have any questions.



The P.A.C.E. Scholarship Application

Apply for a scholarship in 5 easy steps!

1 APPLICANT INFORMATION

Name _____

Mailing Address _____

City _____

State _____ ZIP Code _____

Home Phone () _____ Cell Phone () _____

Email _____

If an Applicant is under 18: Parent's or legal guardian's name(s) _____

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance.

Parent/Guardian/Adult

Parent/Guardian/Adult

Child

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Other dependent(s) _____ Age(s) _____

3 I AM APPLYING FOR

✓	Check category for which you are applying
<input type="checkbox"/>	YOUTH
<input type="checkbox"/>	ADULT
<input type="checkbox"/>	ONE ADULT + CHILD(REN)
<input type="checkbox"/>	TWO ADULTS + CHILD(REN)
<input type="checkbox"/>	TWO ADULTS/COUPLE
<input type="checkbox"/>	SENIOR (65 AND OVER)
<input type="checkbox"/>	OTHER

4 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

I FILED FEDERAL TAXES FOR LAST YEAR OR

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

I am an individual filing jointly; I am providing ONE 1040 form

We filed more than ONE tax form in our household; We are providing

Additional Income (e.g., Child Support, Unemployment, Workers Comp., SI, Food Stamps, etc...)

\$ _____

TOTAL HOUSEHOLD INCOME

OR

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

Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance) 1040 forms.

Additional Income (e.g., Child Support, Unemployment, Workers Comp., SI, Food Stamps, etc...)

\$ _____

TOTAL ANNUAL HOUSEHOLD INCOME

\$ _____ x 6 = _____

30 DAYS INCOME MONTHS

\$ _____

TOTAL ANNUAL HOUSEHOLD INCOME

Find support documents you may need to provide by going to (for any Ohio county) Ohio Dept. of Jobs & Family Services' website: odjfsbenefits.ohio.gov

THIS APPLICATION MUST BE RENEWED EVERY 6 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 sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided 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.

5 _____ Signature of person completing this form _____ Date

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



FOR OFFICE USE

APPROVED YES NO

YMCA % YOU

MONTHLY FEE DETERMINED \$

STAFF NAME DATE

AWARD LETTER IS VALID FOR 30 DAYS.

Payment plans are available.

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 a PACE Scholarship because: