



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.

eliminate them.

The PACE scholarships will be granted for twelve (12) months.

The YMCA requests that individuals and families reapply every eleven (11) 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

DOB

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

YOUTH

ADULT

ONE ADULT + CHILD(REN)

TWO ADULTS + CHILD(REN)

TWO ADULTS/COUPLE

SENIOR (65 AND OVER)

OTHER



## 4 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

*Must provide proof of each documentation*

Wages: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_

Unemployment: \$ \_\_\_\_\_

Workers Comp: \$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_

SSI: \$ \_\_\_\_\_

Food Stamps: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total Monthly Income: \$ \_\_\_\_\_

***\*An incomplete application will result in automatic denial.***

THIS APPLICATION MUST BE RENEWED EVERY 11 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 \$ .....

LETTER IS VALID FOR 30 DAYS.

You must make your own copies.

Payment plans are available.

Applications are reviewed on Friday mornings by the Membership Director.

**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:**