



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 Richard Kane 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 Membership for All Scholarship Program, the Richard Kane YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled in a fair and consistent manner. Every YMCA member receives the same membership & program 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.



Applications take up to 10 business days to review. Submission of application does not guarantee eligibility.

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

All Membership for All Scholarships will be granted for 12 months from the day the application is approved.

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

Membership & Program fees are subject to change when you reapply.

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

Please contact our Membership Team if you have any questions.

www.rkymca.org

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

PARTNER AGENCY



Bartlesville Regional
United Way

MEMBERSHIP FOR ALL Scholarship Application

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

1 APPLICANT INFORMATION
Guardian information for youth scholarships.

Name: _____ DOB: _____

Address: _____

City: _____

State: _____ ZIP Code: _____

Home Phone: () _____

Cell Phone: () _____

Email: _____

2 ALL PERSONS INCLUDED ON SCHOLARSHIP REQUEST
Only two adults (18+) are allowed on memberships.

First & Last Name	Relationship	Birthday
o		
o		
o		
o		
o		
o		
o		
o		
o		
o		

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

M E M B E R S H I P	<input type="checkbox"/> Family (2 adults + children)
	<input type="checkbox"/> Single Parent (1 adult + children)
	<input type="checkbox"/> Adult (1 person age 18+)
	<input type="checkbox"/> Senior (1 person age 65+)
	<input type="checkbox"/> Senior Couple (2 persons, 1 is 65+)
P R O G R A M	<input type="checkbox"/> Full Time College (show schedule)
	<input type="checkbox"/> Youth (1 person age 12-17)
	<input type="checkbox"/> School Age Care
	<input type="checkbox"/> Youth Sports
	<input type="checkbox"/> Swim Lessons
<input type="checkbox"/> Other (Please specify)	

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

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

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 RICHARD KANE YMCA WELCOME DESK.

For office use only

DATE RECEIVED: _____

STAFF NAME: _____

MEMBERSHIP DUES: _____
Per Month

JOINING DUES: _____
One Time Fee

PROGRAM DUES: _____

DATE STARTED: _____

AWARD LETTER IS VALID FOR 30 DAYS.
 YMCA Staff: After review, return financial docs. 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, use the attached sheet of paper.

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

