



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Everyone is Welcome at the Y!

Name of Applicant _____ Date of Birth _____

Phone _____ Email _____

Total Number of People Living in the Household: _____ Membership Type: _____

Do you have Medicaid?	Yes	No
Are you employed (net)?	_____	per month
Is anyone else in household employed (net)?	_____	per month
Does anyone in household receive unemployment?	_____	per month
Does anyone in household receive Social Security?	_____	per month
Does anyone in household receive child/spousal support?	_____	per month
Does anyone in household receive Veteran's/disability benefits?	_____	per month
Are there any other forms of income?	_____	per month
Do you receive food stamps?	_____	per month

TOTAL _____ Monthly

Annual household income after taxes _____ (monthly amount times 12)

Program Assistance:

- Other Youth Programming (sports, dance, aquatics, etc.)
- After School
- Summer Camp

The information I have provided to the Cannon YMCA is true and correct.

I understand that I am required to provide proof of income by the end of the current month _____ or my draft will change to the full-paying member rate \$ _____ on _____.

I understand that my scholarship is ongoing and I must submit new information if my income changes.

If your family has extenuating circumstances you would like us to consider before awarding financial assistance, please note these on the back of this form and provide supporting documentation.

Applicant's Signature _____ Date _____

All information will be kept confidential.

OUR MISSION

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

Kannapolis YMCA
101 YMCA Dr.
Kannapolis, NC 28081
704.939.9622

West Cabarrus YMCA
5325 Langford Ave.
Concord, NC 28027
704.795.9622

Harrisburg YMCA
4100 Main St, Suite 200
Harrisburg, NC 28074
704.454.7800



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OFFICE USE ONLY:

Status of Scholarship (circle one)

Fully Approved Verification needed Denied

Percentage off given: Membership: _____ Programming: OYP _____ AS _____ SC _____

Joining Fee: _____ Monthly membership _____ beginning on _____.

Staff Signature _____ Date _____

VERIFICATION: Acceptable documents for the following items

Proof of Dependency Documents

- Birth Certificates: for anyone under the age of 18.
- Medicaid cards for anyone under 18.
- Current tax return: child over the age of 18 and a full time college student and/or children under the age of 18 if parents do not have birth certificates. *Full time undergraduate student 12 hours, full time graduate student 6 hours.
- Along with tax return, current year college schedule for the full time college child.

Proof of Income Documents

- Two most recent pay stubs
- Copy of bank statement if direct deposited
- Unemployment benefit statement
- Social Security benefit statement
- Veteran's/Disability statement
- Child/Spousal support statement
- Any other forms of income
- Food Stamp statement or approval letter (If they do not have approval letter then they can go onto the website listed on the back of the EBT card and print off a monthly food stamp statement, showing the amount deposited on the card)

***If going with the Medicaid option, must have Medicaid cards**

Proof of Residency

- Driver's License
- Bank Statement
- Mortgage Statement or Rental Lease Agreement
- Utility Bill

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