



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Change A Life 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 YMCA of East Tennessee 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 Change A Life Scholarship Program, the YMCA of East Tennessee 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 Change A Life Scholarship reduces membership fees; it reduces fees; it does not eliminate them.**

All Change A Life 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 will expire.

Please contact your branch if you have any questions.

www.ymcaknoxville.org

Change A Life Scholarship Application

Date: _____

1 Name: _____ Home/Cell Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Place of Employment: _____ How Long: _____ Work Phone: _____
 E-Mail Address: _____ Birth Date: _____

MONTHLY INCOME

MONTHLY EXPENSE

Wages, Salaries & Tips \$ _____
 Unemployment \$ _____
 Social Security \$ _____
 Child Support \$ _____
 Aid to Dependent Children \$ _____
 Food Stamps \$ _____
 401K/Retirement Funds \$ _____
 Alimony \$ _____
 Other \$ _____

Rent/Mortgage \$ _____
 Utilities \$ _____
 Food/Clothing \$ _____
 Medical \$ _____
 Phone \$ _____
 Car/Insurance \$ _____
 Child Support \$ _____
 Alimony \$ _____
 Other \$ _____

TOTAL INCOME \$ _____

TOTAL EXPENSE \$ _____

3

SPOUSE/DEPENDANTS	AGE	M/F	EMPLOYER/SCHOOL	DATE OF BIRTH

4 Are you a current Y member? Yes No
 Are you at a Knoxville location? Yes No
 What is your location name? _____
 Are you a past Y member? Yes No
 Have you applied for a Change A Life Scholarship before? Yes No
 I have the ability to pay \$_____ per mth

6 **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 YMCA Change A Life Scholarship because:**

5 **TO QUALIFY FOR SCHOLARSHIPS, PROVIDE THE FOLLOWING DOCUMENTS:**

- FILED** FEDERAL TAXES THIS YEAR:
Provide a copy of your 1040 form
- DID NOT FILE** FEDERAL TAXES THIS YEAR:
Provide SSI Statement • Food Stamp Documentation
Unemployment Documentation • Court Ordered Child Support
Disability Documentation

STAFF ONLY **YMCA Staff Use Only**
 Application reviewed on: _____
 Reviewed by: _____
 Denied - Reason: _____
 Approved Amount: \$ _____
 A SPHH HH SrA SrHH _____ %

7 **PLEASE SIGN** I verify that the information provided is true and that I will update my information with the Y if my situation changes.

Signature _____
 Date _____

PLEASE PRINT