TELL US MORE

Please share with us how financial assistance will benefit you and your family. Include any additional information or extenuating circumstances of why you are in need of this assistance.

If this is a scholarship renewal, please share with us how financial assistance has made a difference in your and/or your family's lives.

Name: _____ Phone: _____ Email: _____

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OUR MISSION

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

COMMITTED TO OUR COMMUNITY

It is the mission of the Y to provide services for any person or family who desire to participate in the Y, regardless of the ability to pay the standard rates. Every year the Y raises money to help scholarship youth and families through our Annual Campaign. For those not able to pay the full fee, assistance will be considered and is based upon demonstrated ability to pay and the Y's ability to provide funding. Scholarships are awarded on a first come, first serve basis, subject to available resources. The Y reserves the right to adjust scholarship as needed, during any given calendar year. Notice will be provided when adjustments will be made.

EVERYONE IS WELCOME

Financial assistance eligibility will be determined by Y staff, based on a thorough review of the application and all the supporting documentation. No financial assistance application will be reviewed until all required documentation has been received by the Y staff. Failure to submit all required documentation within 10 business days from date of the original request will cause denial of your request. The Y reserves the right to deny or end assistance to any applicant at any time. Notice will be provided immediately by the Y staff. Assistance will be granted due to funds available.

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