



Dear Leaning Tower YMCA Members:

Thank you for your interest in the Leaning Tower YMCA Scholarship Program. It is our desire to provide all members of the community with an equal opportunity to participate in our YMCA family. We are delighted to offer this opportunity to you and to the community. We are very fortunate to have many volunteers who help raise the funds necessary for this scholarship program.

At the Leaning Tower YMCA, it is a part of our mission to build strong kids, strong families and strong communities through programs that develop a healthy spirit, mind, and body. Everyday, we strive to create an environment and atmosphere where you, your family and friends feel welcome and valued.

On the back of this letter is the necessary form for you to complete. Please read it carefully to ensure the form is completed with all information. You are required to provide the most recent 1040 tax return form and your most recent paycheck stub. If you do not have these forms you must provide the following:

- A Social Security Benefit Statement and a letter indicating your financial situation
- A Public Aid Card and a letter indicating your financial situation

If your financial situation has changed since the last time you have filed, you must provide the following:

- Latest 1040 form and a letter indicating your financial situation

To make this process more convenient for you, we have enclosed an envelope with this letter. Please feel free to send the form and all necessary documents back with the envelope.

Please do not hesitate to contact Heather Liplin, Member Relations Director, at 847.410.5107 or Karen Bostrom, Business Manager, at 847.410.5101 should you have any questions regarding this process. We look forward to your participation at the Leaning Tower YMCA. Please know that the Leaning Tower YMCA is here for you and for your family. We know your membership with the YMCA is important to you, and it is important to us.

Sincerely,

Amanda Yeast  
Executive Director  
Leaning Tower YMCA



The YMCA of Metropolitan Chicago  
REQUEST for SCHOLARSHIP

Please complete the information below to help us evaluate your request:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Name(s) and Age(s) of Family Members in Household: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please indicate the membership or program that you are requesting fee reduction for:

Membership: \_\_\_\_\_ Adult \_\_\_\_\_ Family \_\_\_\_\_ Senior \_\_\_\_\_ Youth

Program: \_\_\_\_\_

Reason for Scholarship Request: \_\_\_\_\_

Are you currently a member of the YMCA? \_\_\_\_\_ Yes \_\_\_\_\_ No

**FORM OF DOCUMENTATION FOR INCOME:**

What is the total annual income for your entire household? \_\_\_\_\_

What does this include? \_\_\_\_\_ Wage \_\_\_\_\_ Gov. Support \_\_\_\_\_ Child Support \_\_\_\_\_ Other

What is the number of people supported by your income? \_\_\_\_\_

How much can you afford to pay? \_\_\_\_\_

Attach a copy of two of the following items as proof of income: **(Check Appropriate Source)**

- |   |  |
|---|--|
| _____ latest tax return IRS 1040            | and a letter indicating your financial situation |
| _____ most recent paycheck stub             | and a letter indicating your financial situation |
| _____ Social Security subsidy documentation | and a letter indicating your financial situation |
| _____ public aid documentation              | and a letter indicating your financial situation |

**Statement by applicant: I certify that all information provided to the YMCA of Metropolitan Chicago for reduction of fees is true. I understand that false information will make me ineligible for any participation in this organization. I understand that the decision to grant a fee reduction is at the sole discretion of the Y's board of managers or its designee.**

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

