

WHAT IS THE SCHOLARSHIP PROGRAM?

The Scholarship Financial Assistance Program provides families, children, and adults with the financial assistance they need to obtain quality childcare, youth programs, and fitness services at the Pocono Family YMCA.

WHO IS ELIGIBLE AND HOW IS THE AMOUNT DETERMINED?

Anyone is welcome to apply. Our program reduces fees; however, it does not fully eliminate them. We check applicants through the FCheck by Insight Markets that have over 20 years of combined experience in providing research and analytical tools for YMCAs.

HOW DO I APPLY?

- Applicants will fill out this application completely and hand it back into at Membership Services. Once application is processed, applicants will be either notified in person or by email stated on application.

WHEN WILL I KNOW IF I QUALIFY

Applications can be done instantly with Membership Services; however, applicants can drop off their application as well. Drop Off Applications can take 2-5 business days to process. After your application has been processed, a letter will be mailed to you regarding the results of your financial assistance request.

IF APPROVED, WILL MY FINANCIAL ASSISTANCE AUTOMATICALLY BE APPLIED TO MY ACCOUNT?

- If you're new to the Scholarship program or renewing your information, and your financial assistance discount either stays the same or increases, our new rates will be applied upon your return of our approval letter.
- If you are new to the YMCA, and your scholarship has been approved, we will apply for the discount upon your return of our approval.

CAN MY FINANCIAL ASSISTANCE BE APPLIED TO PAST PROGRAMS AND MEMBERSHIPS?

No, financial assistance begins at the date of approval. It will not be retroactive to any past programs or memberships.

IS FINANCIAL ASSISTANCE AVAILABLE FOR YMCA CAMP?

Applicants looking for assistance for camp must apply through the Early Learning Resource Center or United Way first. If denied, you can then apply for our Scholarship Financial Program. You must provide your denial letter from ELRC to apply for application.

WHEN DO I NEED TO REAPPLY?

You will need to reapply for a scholarship prior to the one-year expiration date noted in your approval email as well as on your Membership Profile.

1. REQUESTING FINANCIAL ASSISTANCE

Place a check mark next to each indication of which areas you are interested in receiving assistance for.

Membership Programs Child Care Camp

PRIMARY ADULT

*Must put full address. NO P.O.Boxes.

First Name: _____ **Last Name:** _____ **Date of Birth** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Primary Phone _____ **Email:** _____ **Gender (circle one):** M F

SECOND ADULT (OPTIONAL)

First Name: _____ **Last Name:** _____ **Date of Birth** _____
Relationship to Applicant _____ **Email:** _____ **Gender (circle one):** M F

DEPENDENTS AND ALL OTHER PERSONS LIVING IN THE HOUSEHOLD

List all members of your household below. List only children who are 1) born to you, 2) legally adopted/guardian. All household: must be parent/legal guardian, in school full time, and claimed on taxes as part of the household.

Total Number of Person in Household: _____

At the Pocono Family YMCA, we are committed to ensuring that programs and services remain accessible to all. To help provide assistance in a fair, consistent, and efficient manner, we use a secure third-party screening tool as part of our review process.

By submitting this application, I understand and agree that the information I provide may be processed through FA Check, a financial assistance verification platform provided by Insight Markets, for the sole purpose of determining eligibility for financial assistance.

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that submission of this application does not guarantee approval and that financial assistance is awarded based on eligibility guidelines and available funds. I acknowledge that incomplete, inaccurate, or intentionally misleading information may result in denial or revocation of assistance.

By signing below, I acknowledge my understanding and authorization of this process.

Signature: _____
Printed Name: _____
Date: _____

For Office Use Only:

Date Received: _____ **Reviewed (Initial** _____ **Director** _____

Approved _____ %

REVISED: March 2026