

- First Time Applicant
 Renewal Applicant

SCHOLARSHIP ASSISTANCE APPLICATION

Date Received:

Last Name: _____ **First Name:** _____

Home Address: _____ **Apt. #:** _____

City: _____ **State:** _____ **Zip:** _____ **Date of Birth:** _____

Telephone: _____ **How many adults in household?** _____

Marital Status: Single Married Separated Divorced Widowed

Membership Type:

- Adult Single Parent Young Adult (19-25yrs) Youth (10-18yrs)
 Family Senior (60+) Senior Couple (60+)

I am requesting assistance for Childcare:
 Early Years Center (3-5yr) Summer Camp
 Before/After school (school age)

I am requesting assistance for Programs:
 Youth Sports Swim Lessons Preschool
 Martial Arts

Family Members: must be listed as dependents on tax return: (Please list additional family on the back)

- First Name: _____ Last Name: _____ DOB: _____ Relationship: _____
First Name: _____ Last Name: _____ DOB: _____ Relationship: _____
First Name: _____ Last Name: _____ DOB: _____ Relationship: _____
First Name: _____ Last Name: _____ DOB: _____ Relationship: _____
First Name: _____ Last Name: _____ DOB: _____ Relationship: _____

Income:	Expenses:	For Official Use Only:
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\$ _____ Gross Monthly Income-1 st Adult \$ _____ Gross Monthly Income-2 nd Adult \$ _____ Child Support \$ _____ Aid to Dependent Children \$ _____ Welfare (submit copy) \$ _____ Food Stamps \$ _____ Unemployment \$ _____ Social Security/SSI Disability \$ _____ Retirement/Pension \$ _____ Alimony \$ _____ Other: _____ \$ _____ Total Monthly Income \$ _____ Annual Gross Household Income	\$ _____ Rent/Mortgage (circle one) \$ _____ Auto Loan \$ _____ Utilities \$ _____ Phone \$ _____ Child Support \$ _____ Medical \$ _____ Child Care \$ _____ Other: _____ \$ _____ Total Monthly Expense	<p>Required Documentation Checklist:</p> <p>_____ Federal tax return (Form 1040. If you do not have a copy, please call 800-829-1040 for a duplicate.)</p> <p>_____ 2 Current Pay Stubs</p> <p>_____ Other documentation</p> <p>_____ Personal Letter</p> <p>YMCA Staff: _____</p>
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I certify that this information accurately represents my total **household** income, and that I do not have additional income not represented above. I understand that I will be asked to provide proof of income and that management may revoke the co-payment and require me to pay the full monthly rate.

Print Name: _____ **Date:** _____

Signature of Applicant: _____

For Official Use Only:

Type of Membership	Membership %	Childcare %	Program %
	Expires:	Expires:	Expires:

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