



SCHOLARSHIP ASSISTANCE Membership & Program Application

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Date Received

PERSONAL INFORMATION

Last Name: _____ **First Name:** _____
Address: _____ **City:** _____
State: _____ **Zip:** _____ **Phone:** _____
Date of Birth: _____ **Number of Adults in household:** _____
Marital Status: Single Married Separated Divorced Widowed

MEMBERSHIP TYPE

1 2 3 4 Adult Household Young Adult (19-25)
 1 2 3 4 Adult + Children Youth (10-18) 1 2 Senior Household (60+)

PROGRAMS

Youth Sports Martial Arts Swim Lessons Other _____

HOUSEHOLD MEMBERS

(must be listed as dependents on tax return)
(list additional members on a separate sheet of paper)

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	EXPENSE	For Official Use Only
\$ _____ Gross Monthly Income - 1st Adult	\$ _____ Rent / Mortgage (circle one)	Required Documentation Checklist: _____ Federal tax return _____ 2 Current Pay Stubs _____ Other Documentation _____ Personal Letter _____ Staff Initials _____
\$ _____ Gross Monthly Income - 2nd Adult	\$ _____ Auto Loan	
\$ _____ Child Support	\$ _____ Utilities	
\$ _____ Aid to Dependent Children	\$ _____ Phone	
\$ _____ Welfare (submit copy)	\$ _____ Child Support	
\$ _____ Food Stamps	\$ _____ Medical	
\$ _____ Unemployment	\$ _____ Child Care	
\$ _____ Social Security / SSI Disability	\$ _____ Credit Cards	
\$ _____ Retirement / Pension	\$ _____ Other: _____	
\$ _____ Alimony		
\$ _____ Other: _____		
\$ _____ Total Monthly Income	\$ _____ Total Monthly Expense	
\$ _____ Annual Gross Household Income		

I certify this information accurately represents my total household income, and I do not have additional income not represented above. I understand I will be asked to provide proof of income and management may revoke the co-payment and require me to pay the full rate.

Print Name: _____ **Date:** _____
Signature of Applicant: _____

For Office Use Only		
Membership	Program	Household Numbers
Membership %	Program %	# of Adults
Expires	Expires	# of Children