



# Scholarship Form

The YMCA is for everyone, no matter where they live or their ability to pay. Scholarships are provided to YMCA members on a needs-based system. These contributed funds are raised annually by volunteers and staff from generous individuals through annual fund campaigns. Scholarships are renewed once a year on anniversary of original application. The YMCA will notify you to reapply and you are responsible within 1 month to reapply in order to continue receiving assistance.

**Please confirm that you have the following documentation before you turn in you scholarship form. Incomplete applications will delay our ability to serve you:**

- Completed Membership Application for new members
- Completed Membership Scholarship Form
- A copy of your most recent tax return (1040 form)
- A copy of the most recent year-to-date pay stub from each adult member of the household who is working. If self-employed, please include your monthly bookkeeping documents (P&L and Balance Sheet)
- Please include a letter of explanation with your application

## Primary Adult

First Name	Middle initial	Last Name	Date of Birth	Gender
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Mailing Address	City	State	Zip
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Home Phone	Cell Phone	E-mail Address
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**Number of household adults:** \_\_\_\_\_

**Number of household dependent children:** \_\_\_\_\_

## Income

Monthly gross household income: \$ \_\_\_\_\_

Other monthly income (include public assistance, child support, etc.): \$ \_\_\_\_\_

**Total Monthly Household Income:** \$ \_\_\_\_\_

## Expenses

Mortgage/Rent: \$ \_\_\_\_\_

Utilities: \$ \_\_\_\_\_

Food/Groceries \$ \_\_\_\_\_

Medical Expenses: \$ \_\_\_\_\_

Student Loans: \$ \_\_\_\_\_

Child Support/alimony: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Total Monthly Expenses:** \$ \_\_\_\_\_

**Please tells us what type of membership or program you are requesting a scholarship for:** \_\_\_\_\_

**How much do you feel you can contribute to your monthly membership dues or program fee?** \_\_\_\_\_

I/we declare that the information reported on this form, to the best of my/our knowledge is true, correct and complete. I understand that the YMCA reserves the right to verify gross household annual income and that I must notify the YMCA regarding changes in my financial and/or membership status. I/we attest that my/our request for scholarship is needs-based and that my financial need may be reevaluated at anytime by the YMCA. I authorize employers and/or other income sources to release financial information to the YMCA. All information will remain confidential.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_