

Scholarship Application

ARE YOU CURRENTLY A MEMBER OF THE YMCA? YES NO

Are you requesting a scholarship only for a YMCA program (not membership)?
YES NO If yes, which program? _____

1 **APPLICANT INFORMATION**

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____

Cell Phone (_____) _____

Email _____

If an applicant is under 18: Parent's or legal guardian's name _____

2 **ALL PERSONS LIVING IN THIS HOUSEHOLD**
Place a check mark for each family member applying for assistance.

___ Parent/Guardian/Adult _____

___ Parent/Guardian/Adult _____

___ Child _____ DOB _____

___ Child _____ DOB _____

___ Child _____ DOB _____

___ Child _____ DOB _____

___ Child _____ DOB _____

___ Other Dependent(s) _____ Age(s) _____

_____ Age(s) _____

3 **I AM APPLYING FOR**
Check category for which you are applying.

PROGRAM ONLY –
Program/Class: _____
Session/Season: _____
Family Member Requesting Assistance: _____

| | |
|--|--|
| M E M B E R S H I P | Family – legally married couple with dependent children |
| | Adult - 18 and over |
| | Couple - legally married |
| | Single Parent Family - single (unmarried) head of household and dependent children |
| | Youth - 17 and under |
| | Senior Adult - 60 and over |
| | Senior Couple - legally married, only one needs to be 60yrs of age or older |

4 **FAMILY INCOME INFORMATION** (All income must be included.)

Employer _____ Work Phone (____) _____

Gross Salary \$ _____ (Hourly, Weekly, Monthly)

Spouses Employer _____ Work Phone (____) _____

Gross Salary \$ _____ (Hourly, Weekly, Monthly)

Unemployment Income per Month \$ _____

Social Security per Month \$ _____

Child Support, Alimony, Misc. Income \$ _____

Have you applied for a scholarship in the past? _____

If yes, did you receive a scholarship? _____

I certify that all information on this form is correct and true to the best of my knowledge, and that I do not have additional income not represented above. I understand that scholarship assistance is based on need.

Signature of Applicant: _____

Date: _____

Who has custody of the child(ren)? Check one.

Joint _____ Mom _____ Dad _____ Foster _____

Guardian _____ I do not have custody. _____

Please attach a copy of your most recent tax return(s) verifying all of your household's income. Applications without proof of income will not be considered for financial assistance.

FOR OFFICE USE:

APPROVED YES NO

PAY \$ _____

DATE _____

AWARD LETTER IS VALID FOR 180 DAYS

TELL US MORE . . . Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper:

I want/need a YMCA Scholarship because:



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BECAUSE EVERYONE IS WELCOME AT THE Y

Scholarship Application GRAND RIVER AREA FAMILY YMCA



THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Grand River Area Family YMCA ensures that every individual has access to the essentials needed to learn, grow, and thrive.

Everyone is Welcome

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Partners with Youth scholarship program, the Grand River Area Family YMCA provides assistance to youth, adults, and families based on individual needs and circumstances.

Committed to Our Community

Determining assistance amounts is handled in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living, and social responsibility.

Apply for a Scholarship

Please return your completed application and a copy of your most recent tax return(s) verifying all of your household's income to the Welcome Center or mail the required documents to the Grand River Area Family YMCA, 1725 Locust Street, Chillicothe, MO 64601. We try to process scholarship applications within 7-10 days.

- **A scholarship reduces the cost of your membership fees. It does not eliminate them.**
- **All membership scholarships are granted for 12 months. Program scholarships apply only to the current session or season. To receive additional assistance, recipients must reapply.**
- **Fees are subject to change when you reapply.**
- **If you do not reapply at the time requested, your membership/program will expire.**