



Date Rec'd _____
Rec'd by _____

James Family Prescott YMCA Membership Scholarship Application

Funds for financial assistance have been made available through the generous contributions of YMCA friends. Please fill out the following information and attach the necessary documents (photocopies only) and return to the James Family Prescott YMCA. Balance of the approved allocation will be your responsibility and must be paid through our **automatic monthly bank draft** program. Please print all information. All YMCA members receive the same membership benefits regardless of whether or not they are receiving financial assistance. ***Applications will be processed only after all information is submitted and application is filled out completely.*** Please print legibly.

Name (Head of Household) _____ Phone(s) _____

Address _____ Work Phone _____

City _____ State _____ Zip Code _____ Birthdate _____

Email Address _____

Place of Employment _____ Position _____

Length of Employment _____ Full Time Part Time

<u>Adults / Children Living in Home</u>	<u>Relationship</u>	<u>School/Employer</u>	<u>Birthdate</u>	<u>Age / Grade</u>
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Using the checkboxes above, indicate which household members you wish to include on this membership.

Have you ever applied for scholarship assistance at the James Family Prescott YMCA? Yes No
If yes, what was / is your monthly membership payment? _____

What is the dollar amount that you have the ability to pay each month? \$ _____ month

Would you be willing to share how your scholarship has made a difference in your life? Yes No

Why are you applying for scholarship assistance? _____

OVER

Income and expenses should be declared for all those occupants who contribute to or are dependent upon your household. Attach copies for all income and supply a copy of your monthly bank statement for your expenses and copies of all expenses not paid through your bank account. All financial information will remain confidential and will be shredded once your application has been processed.

Gross Monthly Household Income

Wages, Salaries, and tips (1st adult) \$ _____
 Wages, Salaries, and tips (2nd adult) \$ _____
 Wages, Salaries, and tips (3rd adult) \$ _____
 Unemployment compensation(1st) \$ _____
 Unemployment compensation (2nd) \$ _____
 Social Security compensation \$ _____
 Disability Compensation \$ _____
 Child Support \$ _____
 Aid to dependent Children \$ _____
 Food Stamps \$ _____
 401k/retirement funds \$ _____
 Alimony \$ _____
 Other \$ _____
 Other \$ _____
Total Monthly Income \$ _____
Total Annual Income \$ _____

Monthly Household Expenses

Rent/Mortgage (circle) \$ _____
 Car Payment \$ _____
 Car Insurance \$ _____
 Utilities \$ _____
 Alimony \$ _____
 Phone/Cable \$ _____
 Cell Phone \$ _____
 Clothing \$ _____
 Food \$ _____
 Child Support \$ _____
 Medical \$ _____
 Childcare \$ _____
 Other \$ _____
Total Expenses \$ _____

I verify that all of the information submitted is correct and accurate.
 I understand that most scholarships are in effect for 12 months and that I **must reapply** to continue receiving financial assistance.
 I understand that it may take up to 2 weeks to process a fully completed application.
I understand that an incomplete application will delay the process.
 I understand that the YMCA’s financial assistance has been made through generous contributions of YMCA members, staff, supporters and friends.
 If any situation changes, I agree to notify the YMCA within 30 days.
 If I submit false or inaccurate information, my membership may be terminated from the YMCA.

 Signature of Applicant Date

*******YMCA OFFICE USE ONLY*******

Application Reviewed By _____ Date Reviewed _____

New Applicant Renewal Membership Type _____

Membership Amount _____ Joining Fee _____

Membership Scholarship _____ Joining Fee Scholarship _____

Member Obligation _____ Joining Fee Obligation _____

Expiration Date _____ Notified by _____ Date _____