



Green County Family YMCA Scholarship Application

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

APPLICANT INFORMATION (Please Print)

Name _____ DOB _____
Adult #2 _____ DOB _____
Address _____
City _____
State _____ Zip _____
Home Phone _____
Cell Phone _____
Email _____

MEMBERSHIP

- Adult
- Family
- Youth
- Senior 65+
- Senior Family 65+

PROGRAMS

- Youth Sports
- Preschool/Afterschool
- Youth Aquatics
- Gymnastics

Please list all dependent children in the household

Child's Name _____ DOB _____ M/F Child's Name _____ DOB _____ M/F
Child's Name _____ DOB _____ M/F Child's Name _____ DOB _____ M/F
Child's Name _____ DOB _____ M/F Child's Name _____ DOB _____ M/F

TO QUALIFY FOR SHOLARSHIP PLEASE PROVIDE THE FOLLOWING FOR THE HOUSEHOLD

This area must be completed, including total annual income, to be processed

I FILED Federal Taxes for last year **1040 Federal**
Please attach copy of forms

\$ _____
Total Gross Annual Household Income

This application must be renewed every 12 months.
Failure to do so could result in fee increase to full price.

It is the responsibility of the scholarship recipient to provide updated income information in a timely manner in order to keep membership current. Renewal requests will be sent out one month prior to renewal date.

I certify that the above information is true and complete to the best of my knowledge and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarship assistance is based on need. In the event that I or my children must cancel our membership I will contact the YMCA immediately so fees can be provided to others. I understand that if I falsify any of the above information I will not be eligible for assistance.

Signature: _____ Date: _____ MSC _____

I DID NOT FILE Federal Taxes for last year or **MY HOUSEHOLD HAS CHANGED** since I filed last year

Documents showing most recent 30 days of income (including paystubs or documentation of government assistance)

OR

30 days gross income _____

X 12 months = \$ _____

Total Gross Annual Household Income



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What would you like to gain from your Y participation?

The YMCA is built on a rich history of volunteerism. Do you have a special skill or interest that you feel would be valuable to your Y? Please explain below. **Refusal to volunteer may nullify membership.**

What area would you be most interested in volunteering?

- Special Events
 Gymnastics
 Aquatics
 Youth Sports
 Facility
 Welcome Center

For Office Use Only

Approved YES NO

YMCA _____% You _____%

Monthly Bankdraft: \$ _____

Entry Fee: \$ _____

Prog. Assistance _____%

Date: _____

The Green County Family YMCA, the United Way of Green County, and the YMCA's Annual Campaign donors provided you with financial support for your membership.

Please remember to take a moment to send a thank you note thanking our sponsors for your financial assistance.

You will be sent a thank you reminder approximately 1 month after you activate your membership.

The Green County Family YMCA welcomes you to our family!

Applications can take **up to 2 weeks** to process, we thank you for your patience
Preferred method of contact: Phone Email Mail

This Award Letter Good for 30 Days