



YMCA OF GREATER ERIE

APPLICATION FOR SCHOLARSHIP

CONFIDENTIAL

Your application WILL NOT BE PROCESSED without the following: A) Most recent year's Federal Income Tax form (1040 first two pages) B) Four recent paycheck stubs. C) Proof of child support and/or social security benefits. D) Food Stamp or cash assistance determination letter. E) Essay explaining need for scholarship

Membership/Program Information

Please indicate Membership/Program you are applying for:

- ☐ Youth Membership
- ☐ Young Adult Membership
- ☐ Adult Membership
- ☐ Couple Membership
- ☐ Family Membership
- ☐ Other Programs

Applicant Contact Information

Applicant's Name: _____

Address: _____ City/State/Zip: _____

Email: _____ Cell Phone: _____ Cell Phone Carrier: _____

Social Security Number: _____

Employer: _____ Employer Phone Number: _____

Gender: _____ Date of Birth: _____ Marital Status: ☐ Married ☐ Single

Emergency Contact: _____ Emergency Contact Phone Number: _____

List All Household Members to be Included on Membership

List only children who are born to you, legally adopted/guardianed by you, and claimable on your taxes will be considered dependents. Children over the age of 18 are considered a dependent with proof of residence. You may be asked for verification.

First Name	Last Name	DOB	Age	Relationship to Applicant



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Monthly Household Income Sources

This section must be completed or your application will be considered INCOMPLETE. You may be asked to show documentation.

Monthly Income	
(Gross) Wages/Salaries/Tips (4 pay stubs)	\$
Unemployment	\$
Social Security Compensation	\$
Child Support	\$
Aid to Dependent Children	\$
Food Stamps	\$
Alimony	\$
Retirement/Pension	\$
Disability	\$
Cash Assistance	\$
Other	\$
Other	\$
TOTAL	\$

NOT REQUIRED to file Federal Tax Return?

Reason: _____

Is any portion of your membership or program fees reimbursable by your insurance company?

☐ Yes ☐ No

If yes, under what Health Insurance plan are you currently covered?

The YMCA of Greater Erie believes in providing membership and program services to all who desire to participate. The scholarship program, supported in part through donations to the Y's annual campaign, provides the membership and program service to those in need within our available resources.

PLEASE EXPLAIN, IN DETAIL, YOUR NEED FOR THIS SCHOLARSHIP. USE SEPARATE PIECE OF PAPER. YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT WRITTEN EXPLANATION OF YOUR NEED.

Signature of Applicant _____ Date _____

OFFICE USE ONLY

ID Number: _____ Staff Initials: _____ Date Received in Office: _____

Approved Membership Type

Membership/Program Type: _____

Metro Code: _____

Scholarship % _____ Code: _____

Monthly: _____

Quarterly: _____

PIF: _____

Approved by: _____

Join Fee: _____

Join Date: _____

Payment: _____

Ex. Date: _____

Next Draft: _____

Staff Initials: _____

Date Called: _____ Time Called: _____ Staff Initials: _____