

The YMCAs of FRANKLIN & GROVE CITY

SCHOLARSHIP APPLICATION

Start date: _____
 _____ Full Pay _____ Draft

Applicant's Name: _____ Age: _____ Birth Date: _____ Sex: _____
 Address: _____ Email: _____
 City, State: _____ Zip: _____ Emergency Contact: _____
 Telephone: _____ Emergency Telephone: _____

Please list the names of all additional persons living at the above address. If necessary please include an additional page.

_____	Relationship: _____	Sex: _____	Birth Date: _____
_____	Relationship: _____	Sex: _____	Birth Date: _____
_____	Relationship: _____	Sex: _____	Birth Date: _____
_____	Relationship: _____	Sex: _____	Birth Date: _____
_____	Relationship: _____	Sex: _____	Birth Date: _____
_____	Relationship: _____	Sex: _____	Birth Date: _____

Please check all that apply:

_____ This is the 1st time I've completed a Scholarship Application _____ I am currently a Franklin-Grove City YMCA member.
 _____ I am not currently a Franklin-Grove City YMCA member. _____ This is an application for Scholarship Renewal.

Scholarship Options, please check all that apply:

_____ Family Membership (married w/ dependents)	_____ Youth Membership (0 – 12 years)	_____ Adult Program Participation
_____ Single Parent Family Membership	_____ Teen Membership (13 years – High School)	_____ Youth Program Participation
_____ Adult Membership	_____ College Membership (Full Time, undergraduate)	_____ Child Care
_____ Senior Citizen Membership (60 yrs. +)	_____ Senior Citizen Family Membership	_____ Other

HOUSEHOLD INCOME

Complete income verification is required for all persons residing in the household. Please attach any & all applicable proofs of income listed below. **Application will not be processed without complete and current documentation.**

- Two most recent pay stubs from each employed person or proof of Unemployment and/or Workman's Compensation. Please make sure that employee's name, pay cycle and employer is clearly marked on all pay stubs.
- Most recent Federal Tax forms and/or W-2s (if representative of current income & employment)
- Proof of current Cash Assistance, SSI, SDI, Pension, Child/Spousal support and any other miscellaneous income.

Child Support:	Parental Support:	SSI/Disability:	Unemployment:	Other:
\$ _____ per month	\$ _____ per month	\$ _____ per month	\$ _____ per month	\$ _____ per month

NOTE: Please 'black-out' all social security numbers that appear on any of your documents.

If there is additional information that you would like us consider, please detail below or include on an additional sheet. If you have no current income please provide a full explanation, and the name & phone numbers of two personal references.

APPLICANT RESPONSIBILITY– PLEASE READ AND SIGN

All applicants must (1) Submit an application, (2) Provide current supporting documents and (3) Write a Thank You letter _____. Once approved, applicants are contacted. Approval is valid for 6 months. If you are approved, any changes in your financial situation must be reported to the YMCA. Failure to do so may result in loss of your scholarship and/or an increase in your membership fee. Scholarships expire after one year. One month prior to your expiration date a renewal application will be mailed to your address. Failure to reapply and provide required updated documentation will result in loss of your scholarship. To the best of my knowledge I attest that the information I have provided is complete, correct and current. I also understand that I may be asked to provide references, and that timely provision of current financial information is required.

Applicant's Signature: _____ Date: _____

..... Office Use Only
 Date received/Initials: _____ Date approved/Initials: _____ Rate: _____ % of Full Rate
 Date notified/Initials: _____ Notes: _____ Scholarship Expiry: _____