

# SCHOLARSHIP MEMBERSHIP REGISTRATION

The Muscatine Community YMCA is able to make scholarship memberships available through the generous donations of individuals & businesses in this area. Scholarship Memberships are granted according to the availability of funds. They are based on the gross, Annual Household Income and the number of individuals in a family unit.

If you would like to apply for a Scholarship Membership, please:

1. Fill out this form in its entirety. Attach all necessary forms and proof of Earned and Unearned Income.  
Earned Income must be attached in the form of **three** of your most recent pay stubs, tax return (if self-employed) or a written statement from your employer. This includes full/part time, temporary and occasional jobs.  
Unearned Income must be attached, such as a copy of current FIP, SSI, County Assistance or child support payments.
2. Allow 7-10 business days for processing, then call the business desk to check on the status of your application. Applications are only valid for 30 days after approval. Please check back within 30 days to avoid filling out another application.
3. Please notify the business desk when changes occur in your situation.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Cell/ Primary Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse/significant other's Name \_\_\_\_\_

Spouse/significant other's Birthdate: \_\_\_\_\_

Spouse/sig. other Cell/ Primary Phone: \_\_\_\_\_

Spouse/sig. other Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

# of People in Family: \_\_\_\_\_

Email address: \_\_\_\_\_

Do you receive FIP?  Yes  No (if yes, please attach)

Do you receive SSI?  Yes  No (If yes, please attach)

Do you receive County Assistance?  Yes  No (If yes, please attach)

Do you receive Child Support Payments?  Yes  No (If yes, please attach)

Are you married?  Yes  No (If yes, please include spouse's income)

Have you ever been listed on the Iowa Sex Offender Registry or any other state's similar registry?  Yes  No

Have you ever been convicted of a crime against a minor?  Yes  No

Signature of applicant, indicating information supplied is accurate: \_\_\_\_\_ Date: \_\_\_\_\_

Type of membership applying for: \_\_\_\_\_Family \_\_\_\_\_Individual(s), which applies? \_\_\_\_\_Myself \_\_\_\_\_Spouse \_\_\_\_\_Children

If family, list the children below OR if individual(s) and applying for children, please list them below. You do not need to continue on if applying for yourself or your spouse.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_Male \_\_\_\_\_Female

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_Male \_\_\_\_\_Female

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_Male \_\_\_\_\_Female

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_Male \_\_\_\_\_Female

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_Male \_\_\_\_\_Female

In Case of Emergency Notify:

Name	Relationship	Phone Number
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Office Use Only

Type of membership(s): \_\_\_\_\_ Due: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_