

## J. Smith Young YMCA Scholarship Application

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Circle One Male Female

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

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

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_ Email: \_\_\_\_\_

Your Employer's Name: \_\_\_\_\_

Are you currently a YMCA member? ( ) Yes ( ) No

Marital Status (please check one): ( ) Single ( ) Married ( ) Separated/Divorced ( ) Widowed

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_ Email: \_\_\_\_\_

Spouse's Employer's Name: \_\_\_\_\_

Please list the first name, last name, gender and date of birth of all dependents living in your household.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Please check below for which you would need assistance.

Membership – Circle Type: Youth Young Adult Adult Single Parent Family Family Senior Senior Couple

\*FAMILY: Includes married couple or single parent and their unmarried children up to age 26 that are still in school & living at home.

Program- Circle Type: Youth Sports After-school Summer Day Camp E-Learning Academy

Please fill out the back of this sheet

**Monthly Income**

Please include all forms of income you receive including current job, disability, unemployment, retirement, social security, child support, alimony, etc. **\* Each working adult in the home needs to provide their proof of income.**

Your monthly paycheck (gross)	\$ _____
Spouse's monthly paycheck (gross)	\$ _____
Food Stamps	\$ _____
Unemployment	\$ _____
Child Support	\$ _____
Alimony	\$ _____
Retirement	\$ _____
Social Security	\$ _____
Disability	\$ _____
SSI	\$ _____
Housing (Rental) Assistance	\$ _____
Other	\$ _____
<b>Total monthly income</b>	<b>\$ _____</b>

Amount you are able to pay towards membership each month \$ \_\_\_\_\_ **\*REQUIRED**

Amount you are able to pay towards the program applying for \$ \_\_\_\_\_ **\*REQUIRED- if applicable**

So that we can better serve you, please share what you hope to gain from membership or program participation.

---

---

---

---

**Release Form**

It will be necessary to update your information in order to keep your file current. We will send you a renewal notice in the mail prior to your review date. Your fees are subject to change when you renew. **If you do not renew when requested, your membership will change to the normal membership rates.** Financial aid is for a one-year period.

I verify that all the information submitted is correct, complete and accurate. I understand that future information may be requested in order to keep my scholarship valid. **I also understand that my application will be held for one month ONLY after notification of approval.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_