



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**YMCA OF GREATER ERIE APPLICATION FOR SCHOLARSHIP**

**CONFIDENTIAL**

ID Number: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date Received in Office: \_\_\_\_\_

**APPROVED MEMBERSHIP TYPE**

BS CODE: \_\_\_\_\_ Metro CODE: \_\_\_\_\_

**SCHOLARSHIP** % \_\_\_\_\_ Code \_\_\_\_\_

Monthly: \_\_\_\_\_

Qtrly: \_\_\_\_\_

PIF: \_\_\_\_\_

Join Fee: \_\_\_\_\_

Join Date: \_\_\_\_\_

Payment: \_\_\_\_\_

Ex. Date: \_\_\_\_\_

Next Draft: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

DATE CALLED: \_\_\_\_\_ TIME CALLED: \_\_\_\_\_ STAFF INITIALS: \_\_\_\_\_

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

**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

**MEMBERSHIP/PROGRAM INFORMATION**

Please indicate Membership/Program you are applying for:

Youth Membership     
  Adult Membership     
  Family Membership  
 Swimming Lessons     
  Youth Sports     
  Other Programs     
  Childcare

**MONTHLY HOUSEHOLD INCOME ALL SOURCES** (This section **must be completed** or your application will be considered INCOMPLETE)  
 You may be asked to show documentation.

MONTHLY INCOME		MONTHLY EXPENSES	
(Gross) Wages/Salaries/Tips (4 pay stubs)	\$	Rent/Mortgage	\$
Unemployment	\$	Utilities	\$
Social Security Compensation	\$	Food	\$
Child Support	\$	Clothing	\$
Aid to Dependent Children	\$	Car/Insurance	\$
Food Stamps	\$	Alimony/Child Support	\$
Alimony	\$	Cell Phone	\$
Retirement/Pension	\$	Medical	\$
Disability	\$	Credit Card Min Payment	\$
Cash Assistance	\$	Gasoline	\$
Other	\$	Other	\$
Other	\$	Other	\$
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>

**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? \_\_\_\_\_

If your expenses exceed your income, please explain. You may be asked to show documentation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.**

*I certify that all of the above information and the supporting documents are true and complete to the best of my knowledge. I understand I may lose all YMCA privileges for lack of payment or falsifying information in connection with this application. I further understand that the Y may verify income/expense information by requesting copies of bills or contacting employers. I understand that this membership is reviewed annually. For your own safety, the YMCA of Greater Erie recommends a complete physical before participating in YMCA activities. I give my consent that any photographs, videos, etc. of my family or myself may be used in promotional material such as brochures, banners, or newspaper releases. I understand that I will not be given notice or reimbursed for such photographs. I understand that by providing my email address and cell phone number, I give permission to the YMCA of Greater Erie to contact me via phone, email and text message. I understand that all standard text messaging rates will apply.*

Signature of Applicant of Parent/Guardian

Date