

## Greene County 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 \_\_\_\_\_

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

Please check below for which you would need assistance.

Membership – Circle Type: Youth    Teen    Adult    \*Family    Married Couple    Senior    Senior Couple  
(6 wks-12 yrs.)    (13-17)    (62+)

\*FAMILY: Includes married couple or single parent and their unmarried children up to age 19 that are still in school & living at home or in college up to age 24.

Program- Circle Type: Youth Sports    Adult Sports    After-school    Swim Lessons    Summer Day Camp

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.

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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 may be terminated.** Unless stated otherwise, 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 \_\_\_\_\_