

<input type="checkbox"/>	New
<input type="checkbox"/>	Renew

Date Received _____
 Initials _____

Membership Scholarship Request Form

The Grants Pass Family YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient contributes to the cost of their Y involvement. Therefore, applicants are asked to pay a portion of the membership fees. Your dues amount will be based upon income and family size. Our financial assistance program is possible thanks to the donations received from our annual Strong Kids Campaign and other gifts. Our ability to grant financial assistance is dependent upon the availability of those funds.

INSTRUCTIONS

Complete the Request form as instructed in each section attaching all required documentation. When your application is complete and the requirements described in section 3 have been attached, please **drop off or mail to: Grants Pass Family YMCA, attn: Gina Mastel, PO Box 5439, Grants Pass OR 97527**

NO FAXED DOCUMENTATION WILL BE ACCEPTED

1. Fill out the Request Form completely.

Please be sure this Request Form is completed in full and all proofs of income are attached as instructed to avoid delays in processing your request.

Personal Information

 Applicants Name

 Date of Birth

 Parent/Legal Guardian (if applicant is a youth)

 Home Phone

 Mailing Address

 Cell Phone

 City, State, and Zip

<input type="checkbox"/> Married/Partner	<input type="checkbox"/> Single
<input type="checkbox"/> Divorced	<input type="checkbox"/> Other _____

Other Household Members: (not including yourself)(must be completed whether applying or not)

NAME	AGE	Relationship	Employer	Monthly Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Type of Membership you are requesting (choose one only):

All must be living under the same roof and sharing income and expenses

- | | |
|---|--|
| <input type="checkbox"/> Youth (ages 3-13) | <input type="checkbox"/> Senior Adult Couple (At least one senior) |
| <input type="checkbox"/> Young Adult (ages 14-18) | <input type="checkbox"/> 2 Adults |
| <input type="checkbox"/> Adult (ages 19-64) | <input type="checkbox"/> 1 Parent Family (1 parent & youth) |
| <input type="checkbox"/> Senior (age 65 & over) | <input type="checkbox"/> Family (2 adults & youth) |

PLEASE COMPLETE THE OTHER SIDE

Income Information:

Applicant

Employer

Employer Phone

Employer Address

Position/Job Title

City, State, and Zip

Gross Monthly Income

Spouse/Partner (must be completed whether applying or not)

Employer

Employer Phone

Employer Address

Position/Job Title

City, State, and Zip

Gross Monthly Income

2. Please list the amounts you are receiving for each in the amount column, if any:

	Amount		Amount		Amount
Cash Assistance (TANIF)	_____	Worker's Compensation	_____	Pension	_____
Food Stamps	_____	Disability	_____	Annuity	_____
Housing Assistance	_____	Social Security	_____		
Alimony/Child Support	_____	School Grants	_____		
Unemployment	_____	Other explain _____	_____		

Total Monthly Household Income _____

3. Proof of income must be attached for each adult household member 19 years and older. Please bring all that applies. The following is a list of all proofs of income required:

- | | |
|---|--|
| 3 months pay stubs | Financial Aid Approval letter (college students) |
| Unemployment benefits letter | 3 months Child support/alimony proof |
| 3 months bank statements (all accounts) | Food stamp approval letter |
| Social Security and/or Disability benefits letter | Housing Assist approval letter |
| Pension/Annuity Benefits letter | Cash Assistance approval letter (TANIF) |

RENEWLS ONLY: Attach a statement stating your reasons for renewal and how being a member of the "Y" has helped you and/or your family

All documentation MUST be attached. Incomplete applications may be returned

Please share your reasons for requesting financial assistance:

The information provided in this application is complete, true and correct. I will inform the Grants Pass Family YMCA of any changes to my financial status.

Applicants Signature

Date

Gina Mastel
Business Operations Assistant
474-0001