

<input type="checkbox"/>	New
<input type="checkbox"/>	Re-New

Date \_\_\_\_\_  
 Initials \_\_\_\_\_



**Grants Pass Family YMCA**  
 Membership Scholarship Request  
 & Scholarship Renewal 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.

**\*\*\*RENEWALS ONLY:** The Grants Pass Family YMCA is offering another option for your membership scholarship renewal process. Consumer Credit Counseling Service of Southern Oregon (CCCS), located in Grants Pass inside The Job Council building, provides a free one-on-one budget counseling session. A Certified counselor will assist you in developing an action plan to meet your financial goals. You may choose to attach a copy of your completed action plan to your renewal request. If so, please call them directly to schedule an appointment at 541-779-2273. If not, please follow the directions below.

**INSTRUCTIONS FOR APPLICATION AND/OR RENEWAL**

- Complete the Request form as instructed in each section
- Attach the required documentation **OR, FOR RENEWALS ONLY:** your **client action plan** from **CCCS of Southern Oregon**
- When your application is complete and the requirements have been attached, please **drop off or mail to:**
- **Grants Pass Family YMCA, attention: Vanessa Kurz, PO Box 5439, Grants Pass OR 97527**  
**NO FAXED/EMAILED DOCUMENTATION WILL BE ACCEPTED**

**1. PERSONAL INFORMATION**

_____	_____	_____	_____	_____
First Name	Last Name	Date of Birth	Daytime Phone	Alternate Phone
_____			_____	
Mailing Address			City/State/ Zip	
<input type="checkbox"/> Married/Partner	<input type="checkbox"/> Single	_____		_____
<input type="checkbox"/> Divorced	<input type="checkbox"/> Other	Employer		Gross Mo Income

\_\_\_\_\_  
 Parent/Legal Guardian (if applicant is a youth)

**2. OTHER HOUSHOLD MEMBERS** (Not including yourself) Must be completed in full whether applying or not.)

_____	_____	_____	_____	_____	_____
First Name	Last Name	Age	Relationship	Employer	Gross Mo Income
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**CONTINUED ON THE OTHER SIDE**

3. **Choose a membership type** (choose one only) Must be household members and provide proof of residency if over age 25 or not a legal relative.

<input type="checkbox"/> Child (ages 3-13)	<input type="checkbox"/> Adult (ages 25-64)	<input type="checkbox"/> 2 Adult
<input type="checkbox"/> Youth (ages 14-18)	<input type="checkbox"/> Senior (age 65+)	<input type="checkbox"/> Family (2 adults & youth)
<input type="checkbox"/> Young Adult (ages 19-24)	<input type="checkbox"/> One Parent (1 adult & youth)	<input type="checkbox"/> Senior Couple (at least 1 senior)

4. **OTHER INCOME:** Please list the total amounts your household is receiving for each or 0.00 where you receive no benefit in the spaces provided.

**RENEWALS ONLY:** if you are attaching a completed action plan from CCCS, please skip to number 7.

Cash Assistance (TANF) _____	Worker's Compensation _____	Pension _____
SNAP (Food Stamps) _____	Disability _____	Annuity _____
Housing Assistance _____	Social Security _____	Other (explain) _____
Alimony/Child Support _____	School Grants _____	
Unemployment _____	Rental Income _____	
		<b>Total Income/services</b> _____

5. **INSURANCE:** Do you have:  All Care Insurance  Primary Health Insurance

6. **REQUIRED DOCUMENTATION:** Attach all proofs of income listed below for each household member. Incomplete applications may be returned.

- |   |   |  |
|---|---|--|
| 3 months pay stubs                            | Pension/Annuity Benefits letter         | SNAP (Food stamp) approval letter      |
| Unemployment benefits letter                  | Rental agreement(s)                     | Housing Assist approval letter         |
| 3 months bank statements ( <b>all accts</b> ) | Financial Aid Approval letter (college) | Cash Assistance approval letter (TANF) |
| Social Security/Disability benefits letter    | 3 months Child support/alimony proof    | Health insurance card                  |

7. **REASON FOR ASSISTANCE:** Please share your reasons for requesting financial assistance and, if you are requesting a renewal, please include how being a member of the "Y" has helped you and your family.

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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.

Applicant's Signature

Date

Vanessa Kurz  
 Member Services  
 541-474-0001