



YMCA Scholarship

Welcome to the Marshall Area Family YMCA! Through the generosity of our donors, the Y is pleased to provide scholarships for families and individuals in need of financial support. If you are interested in a Y membership, programs or services and need financial support in some way, please complete this form and return it to the Y. Forms must be complete and include proof of income

(MUST PROVIDE COPY OF PRIOR YEAR TAX FILING).

All applications are kept in strict confidence.

MUST HAVE PROOF OF INCOME ATTACHED BEFORE TURNING IN TO Y STAFF OR MAY NOT QUALIFY

Name: _____ Date: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Spouse or Partner Name: _____
 Dependent Name: _____ Birthdate: _____
 Dependent Name: _____ Birthdate: _____
 Dependent Name: _____ Birthdate: _____
 Dependent Name: _____ Birthdate: _____
 Dependent Name: _____ Birthdate: _____
 Dependent Name: _____ Birthdate: _____
 Annual Household Gross Income: _____

Application for assistance is for (Circle all that apply):

Membership (Circle Category): Family Single Parent Family Adult (25+) Young Adult (19-24) Youth (4-18)

Child Care (Circle Program): After School Program Summer Camp

Program (Please list): _____

Ethnicity (Check One): Caucasian Hispanic African American Native American
 East African Asian/Pacific Islander Multi Racial Other

How much do you feel you could afford to pay each month for a membership? \$ _____

Please explain how a Y membership would benefit you.

- Y Scholarships are valid for 12 months. Renew by submitting new paperwork.
- Once paperwork is approved, Y staff will be in contact. Must provide a working number.
- Payment for membership fee may only be paid annually, semi-annually, or monthly via automatic draft.
- Once application has been approved and you have been contacted by Y staff with the monthly payment amount, your account will automatically be debited for the applicable charges

I hereby agree that the above information is true and that, income verification is attached and I agree to provide additional documentation to verify financial need if requested:

 Signature of Adult Applicant

 Date



Staff Only: Date Received _____ Date Verified _____ Date Called _____

The Marshall Area YMCA instills the values of caring, honesty, respect and responsibility through programs and services that build a healthy spirit, mind and body for all.