



MIAMI COUNTY YMCA

Scholarship Application

Name: _____ Date of Birth: _____

E-mail Address: _____

(Please print clearly; your application results will be sent to the above address)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Family Members:

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Membership Type (Please circle one of the following; **+1 = adult add-on**): Youth Teen Adult
Household Household+1 Household+2 Household+3 Family Family+1 Family+2

-In order for children to be included for free on family or household memberships, they must be legal dependents who are younger than eighteen years old or who are enrolled in high school. Once the legal dependent turns eighteen and no longer attends high school, he or she must obtain an adult membership in order to continue using the facility, unless the legal dependent provides verification of being a full time student (12 credit hours or more).

-Any adult who is not married and who wants to be included as an adult add-on to a Miami County YMCA membership needs to provide proof of his or her address (Examples: Driver's License, Bill).

Programs (Please circle any of the following that apply):

Childcare/Preschool Swim Lessons Youth Sports

(see reverse side)

Date Received: _____ FD Initials: _____

Financial Information:

The Miami County YMCA will NOT accept your application if it is not completed or if the copies of all sources of the household income are not attached. Please do not turn the application in without the attached income as it will NOT be processed.

The following are examples of household income copies that should be included with the application:

- Check/Check Stub
- Unemployment Printout
- Court Order or Printout Verifying Child Support, Guardianship, Alimony
- Foster Care Income/Child Placement Letter
- Public Aid and/or Food Stamp Award Letter or Printout
- Social Security or Disability Income Letter
- Pension or Retirement Income Printout

Please list all MONTHLY amounts received in each category and attach verification or documentation of each amount.

_____	Applicant's Monthly GROSS income (wages, salaries, tips, unemployment)
_____	Second Adult's Monthly GROSS income (wages, salaries, tips, unemployment)
_____	Third Adult's Monthly GROSS income (wages, salaries, tips, unemployment)
_____	Fourth Adult's Monthly GROSS income (wages, salaries, tips, unemployment)
_____	Child Support Received
_____	Foster Care
_____	Public Aid
_____	Food Stamps
_____	Social Security or Disability Benefits
_____	Pension/Retirement Fund
_____	Other (Please Specify) _____
_____	Total Monthly Income

Additional Comments:

By completing this application and signing it, I certify that the information supplied herein is true, accurate, and complete to the best of my knowledge. If any false information was supplied, I waive my right to use the Miami County YMCA and forfeit all monies paid to the Miami County YMCA. If approved, I understand that a new application will have to be completed annually in order to be considered for continued assistance; if a new application is not completed, rates will increase to our posted rates.

Signature: _____ **Date:** _____

All completed applications will be reviewed and processed within ten business days; if you have not received an email or a phone call within ten days of turning in your application, please contact Sheila Slack, Membership Services Coordinator, at sslack@mcymca.org.