

# Scholarship Application

It is the policy of the Mid-Willamette Family YMCA to provide services for families who desire to participate and understand the benefits of the YMCA, regardless of their ability to pay the standard membership and program fees. Our desire is to turn no one away because of an inability to pay. Each year countless members of our community volunteer their time to help raise financial support to subsidize this scholarship program.

Return the completed application along with proof of income to the front desk and we will contact you regarding your qualification for scholarship.

Do you currently have a membership? yes no

**HEAD OF HOUSEHOLD NAME:** \_\_\_\_\_

Mailing address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Area/Home Phone: \_\_\_\_\_ Area/Business Phone: \_\_\_\_\_

**HOUSEHOLD SIZE:** (List all persons you are allowed to claim per IRS guidelines, including yourself.)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Type of Membership: Family  Single Parent Family  Adult  
Adult Couple  Senior (60+) Senior Couple Youth College (full time)

## MONTHLY INCOME AND EXPENSES

Please list the monthly income (before taxes) of all family members and the following expenses. Please attach documentation to verify your responses regarding income.

<u>INCOME</u>	<u>EXPENSE</u>
\$ _____ Income from work	\$ _____ Rent/Mortgage
\$ _____ Social Security	\$ _____ Car/Insurance
\$ _____ SSI	\$ _____ Utilities / phone
\$ _____ HUD / Housing assistance	\$ _____ Food
\$ _____ Food stamps	\$ _____ Clothing
\$ _____ Disability	\$ _____ Alimony/child support
\$ _____ Unemployment	\$ _____ Medical
\$ _____ Child Support	\$ _____ Education
\$ _____ Alimony	\$ _____ Other: _____
\$ _____ Student loans/Grants	\$ _____ Other: _____
\$ _____ Other: _____	\$ _____ Other: _____

\$ \_\_\_\_\_ *Total Gross Monthly Income*      \$ \_\_\_\_\_ *Total Monthly Expenses*

**Please continue on other side of form.**

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The generous donations of individuals and businesses within our community have made these scholarships available to you. In the spirit of passing this gift along to others, we encourage recipients to volunteer their time and talents in a way that is appropriate for them. We offer five levels of scholarships for membership based on ability to pay.

These levels include:

30% off regular dues rate

40% off regular dues rate

50% off regular dues rate

**Financial assistance awards are valid for 6 month. Membership will automatically cancel at 6 months and you will need to reapply for scholarship if financial assistance is still needed.**

**ELIGIBILITY:**

1. Proof of income **MUST** be provided for each source of income, such as pay stubs, food stamps, Federal income tax returns, etc.

**We will not process applications without proof of income.**

**What is the monthly amount you estimate that you can pay for a membership?**  
\$ \_\_\_\_\_ per month

I certify that this application is complete and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ by: \_\_\_\_\_ Date Award Letter Sent: \_\_\_\_\_ by: \_\_\_\_\_

Family Size: \_\_\_\_\_ Annualized Gross Income: \$ \_\_\_\_\_

Membership Type: \_\_\_\_\_

\$ \_\_\_\_\_ Flat monthly dues amount (% \_\_\_\_\_ Membership Scholarship)

\$ \_\_\_\_\_ Joining Fee

Program Scholarships vary upon program

Scholarship expiration date (6months from award letter date): \_\_\_\_\_

Entire network, Microsoft window network, YMCA, server1, Frontdesk, Scholarship Application