

Brookville YMCA
Application for Scholarship Assistance

Please fill out the following information and attach the necessary documents verifying **ALL income received by all persons living in the household**. Return all documents to the Membership Director. Payment for membership must be paid in full.

Please print all information on front and back.

Failure to do so will result in your application being delayed.

Date of application _____

Name _____

Phone No. _____

Address _____

Cell Phone No. _____

City _____ State _____

Place of Employment _____

Zip Code _____

How long employed? _____

Applicant's Date of Birth _____

Spouse/Child(ren)'s Name	Age	School/Employer	Birth date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a single-parent household? _____ Yes _____ No

Application for financial assistance is for:

____ Membership ____ Childcare ____ Nursery School

Have you ever applied for scholarship assistance before at this YMCA? ____ Yes ____ No

Your present **GROSS** income level is:

- ____ Under \$9,600
- ____ \$9,601 to \$12,830
- ____ \$12,831 to \$16,090
- ____ \$16,091 to \$19,350
- ____ \$19,351 to \$22,610
- ____ \$22,611 to \$25,870
- ____ \$25,871 to \$29,130
- ____ \$29,131 to \$32,390
- ____ \$32,391 to \$35,650
- ____ \$35,651 to \$38,910
- ____ \$38,911 to \$42,170

What benefits do you see in having this scholarship to join the YMCA as a member or participant?

Why are you applying for scholarship assistance?

Please itemize your monthly income and expense items

Wage, salaries and tips	\$ _____	Rent/mortgage	\$ _____
Unemployment Compensation	\$ _____	Electric	\$ _____
Social Security Compensation	\$ _____	Gas	\$ _____
Child Support Received	\$ _____	Phone	\$ _____
Food Stamps	\$ _____	Insurance	\$ _____
Alimony	\$ _____	Child Support	\$ _____
Other	\$ _____	Other	\$ _____
Total Income	\$ _____	Total Expense	\$ _____

You must attach a copy of your Internal Revenue Tax Statement AND/OR your SSI allocation statement, pay stubs for the month, child support, food stamps, etc to verify your earnings.

I certify that all information provide on this application is complete and accurate. I understand that any false statement will result in the immediate termination of any and all assistance, which I may have received as part of this application process.

Applicant's Signature

Date

Please allow a minimum of three weeks for this application to be processed. You will be contacted by the YMCA as to the status of this application. If you have any questions please feel free to contact the membership director at 849-7355. Thank you.