

Shelby County YMCA SCHOLARSHIP APPLICATION

Instructions

1. Proof of income in the form of pay stubs and/or tax returns **MUST ACCOMPANY** the attached application for all persons living in the household
2. A registration form must accompany the scholarship application, if applicable.
3. Since a limited amount of funds are available, priority will be given to those participants with the greatest need. This will be determined by: A) income B) a participant's availability to attend on a regular basis and C) if the person(s) applying for a scholarship are working or attending school on a full-time basis.
4. Funds will be awarded on a first come, first served basis.
5. A sliding scale will be used. Participants will be responsible for paying the remaining cost of the fee in a timely manner.
6. Participants wishing to participate in the scholarship awards must submit the attached application completely. The Executive Director/CEO will then review the application. The application will be processed within 7 – 14 working days.
7. If a participant's enrollment drops or payments are not made in a timely manner, he/she can lose the subsidized amount.
8. If the program you are applying for requires a registration fee, the fee is the responsibility of the person applying for the scholarship.

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APPLICANT INFORMATION

Name: _____ Date of Birth: _____
 Address: _____ Phone: _____
 City, State: _____ Zip Code: _____
 Email Address: _____

I AM INTERESTED IN (circle one):

Household Membership Adult Membership Senior Membership Student Membership Programs only

LIST ALL HOUSEHOLD MEMBERS:

NAME	BIRTHDATE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MONTHLY INCOME:

	Household Member 1	Household Member 2	Household Member 3
Employment Income (per month):	_____	_____	_____
Social Security Pension or Retirement (per month):	_____	_____	_____
Unemployment or Worker's Comp (per month):	_____	_____	_____
Child Support (per month)	_____	_____	_____
Food Stamps (per month)	_____	_____	_____
Disability (per month)	_____	_____	_____
Other (per month)	_____	_____	_____
Total Monthly Income:	_____	_____	_____

I hereby certify that the information supplied herein is true and complete to the best of my knowledge. I understand that if paycheck stubs and tax returns are not submitted with the application, it may cause a delay in the subsidy award process.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

___ Scholarship percentage: ___ % Applicant's responsibility: ___ %
 ___ Is pending approval due to the following reason(s): _____

___ Has not been approved due to the following reason(s): _____

Director's Signature: _____ Date: _____