



# YMCA Scholarship Application

*The YMCA never turns anyone away for the inability to pay.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of application: \_\_\_\_\_

Type of membership applying for (circle one):

- |                      |                       |        |
|----------------------|-----------------------|--------|
| Youth                | Individual Adult      |        |
| Single Parent Family | Couple                | Family |
| Senior Citizen       | Senior Citizen Couple |        |

Individuals to be included in the membership:

_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____
_____	Age _____	_____	Age _____

## APPLICATION PROCESS

- Complete this scholarship application form.
- Enter the total amount of household income received in each of the following items.
- Verification MUST be supplied for all types of income.** (copies of 2 pay stubs, income tax forms, etc.)

- \_\_\_\_\_ Annual Income
- \_\_\_\_\_ Monthly Food Stamp Assistance
- \_\_\_\_\_ Monthly Social Security Assistance
- \_\_\_\_\_ Monthly Unemployment Compensation
- \_\_\_\_\_ Monthly Child Support
- \_\_\_\_\_ Other Monthly Income
- \_\_\_\_\_ Medical Bills total, if applicable

Please indicate any other things we should consider \_\_\_\_\_

Note: We may contact you for more information. All financial information is strictly confidential and is destroyed following the application process.

- Return this from with attached verification to the YMCA. **Please allow 10 business days for your application to be reviewed and a reply given.**

**YMCA Scholarships are good for 1 year.**  
**You will need to reapply at that time.**

**Financial Aid Guidelines:**

Students, families or individuals below the federal poverty guidelines

Individuals or families with extreme medical hardships

Individuals, under a physician's care, who need to exercise as a therapy and cannot afford to pay full cost.

Note: Adults must be living in the same household to apply for a couple or family membership.

Children listed on a family membership application must be "dependents" of the adult members.



**Southern Prairie YMCA**

1201 W Townline, Creston, IA 50801 641-782-9622

----- **For Office Use Only** -----

Name: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Staff recommendation of membership assistance category: \_\_\_\_\_

Membership Type: \_\_\_\_\_ New or Renewal: \_\_\_\_\_

Total membership fee: \_\_\_\_\_

Amount of YMCA assistance: \_\_\_\_\_% \$\_\_\_\_\_

Amount of fee applicant is expected to pay: \_\_\_\_\_%

Annual: \$\_\_\_\_\_ Monthly (including \$.50 bank draft fee): \$\_\_\_\_\_

Comments: \_\_\_\_\_

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

Director Signature: \_\_\_\_\_