

What benefits do you see in joining the YMCA as a Participant?

Why are you applying for scholarship assistance?

How much can you afford to pay on a monthly basis?

Please itemize your monthly income and expense items below:

INCOME

EXPENSE

Wages salaries & tips	\$ _____	Rent/Mortgage	\$ _____
Unemployment compensation	\$ _____	Utilities	\$ _____
Social Security compensation	\$ _____	Food	\$ _____
Child support	\$ _____	Clothing	\$ _____
Aid to dependent children	\$ _____	Phone	\$ _____
Food Stamps	\$ _____	Car/Insurance	\$ _____
401K Retirement Funds	\$ _____	Alimony	\$ _____
Alimony	\$ _____	Child Support	\$ _____
Other	\$ _____	Medical	\$ _____
		Other	\$ _____

Total Income \$ _____ Total Expenses \$ _____

You must attach a copy of last year's IRS Federal Tax return, SSI allocation, unemployment compensation or proof of any other income to verify your annual earnings. In addition, a copy of your medical card must be attached to verify your dependents.

Please allow a minimum of a month for this application to be reviewed by the YMCA. You will be contacted in writing by the YMCA to let you know if you qualify for scholarship assistance. If you have any questions, please feel free to contact the Membership Director at 937-592-9622. Thank you.

Date returned & staff initials _____