



Grants Pass Family YMCA
Membership Scholarship Request
& Scholarship Renewal Request Form

The Grants Pass Family YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient contributes to the cost of their Y involvement. Therefore, applicants are asked to pay a portion of the membership fees. Your dues amount will be based upon income and family size. Our financial assistance program is possible thanks to the donations received from our Annual Campaign and other gifts. Our ability to grant financial assistance is dependent upon the availability of those funds.

INSTRUCTIONS FOR APPLICATION AND/OR RENEWAL

- Complete the Request form as instructed in each section
- When your application is complete and the required documents have been attached, please **drop off or mail to:**
Grants Pass Family YMCA, attention: Scholarship Department, 1000 Redwood Ave, Grants Pass, OR 97527

NO FAXED OR EMAILED DOCUMENTATION WILL BE ACCEPTED

1. PERSONAL INFORMATION

First Name	Last Name	Date of Birth	Daytime Phone	Alternate Phone
Mailing Address			City/State/ Zip	
<input type="checkbox"/> Married/Partner	<input type="checkbox"/> Single	Employer		Gross Mo Income
<input type="checkbox"/> Divorced	<input type="checkbox"/> Other			

 Parent/Legal Guardian (if applicant is a youth)

2. OTHER HOUSHOLD MEMBERS (Not including yourself) Must be completed in full whether applying or not.)

First Name	Last Name	Age	Relationship	Employer	Gross Mo Income
First Name	Last Name	Age	Relationship	Employer	Gross Mo Income
First Name	Last Name	Age	Relationship	Employer	Gross Mo Income
First Name	Last Name	Age	Relationship	Employer	Gross Mo Income
First Name	Last Name	Age	Relationship	Employer	Gross Mo Income

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3. **Choose a membership type** (choose one only) Must be household members and provide proof of residency if over age 25 or not a legal relative.

- | | | |
|---|---|--|
| <input type="checkbox"/> Child (ages 3-13) | <input type="checkbox"/> Adult (ages 25-64) | <input type="checkbox"/> 2 Adult |
| <input type="checkbox"/> Youth (ages 14-18) | <input type="checkbox"/> Senior (age 65+) | <input type="checkbox"/> Family (2 adults & youth) |
| <input type="checkbox"/> Young Adult (ages 19-24) | <input type="checkbox"/> One Parent (1 adult & youth) | <input type="checkbox"/> Senior Couple (at least 1 senior) |

4. **OTHER INCOME:** Please list the total amounts your household is receiving for each or 0.00 where you receive no benefit in the spaces provided.

Cash Assistance (TANF)	_____	Worker's Compensation	_____	Annuity	_____
SNAP (Food Stamps)	_____	Disability	_____	Other (explain)	_____
Housing Assistance	_____	Social Security	_____		
Alimony/Child Support	_____	School Grants	_____		
Unemployment	_____	Pension	_____		
Total Income/Services					_____

6. **REQUIRED DOCUMENTATION:** Attach all proofs of income listed below for each household member. Incomplete applications will not be processed.

- | | | |
|---|---|--|
| 3 months pay stubs | Pension/Annuity Benefits letter | SNAP (Food stamp) approval letter |
| Unemployment benefits letter | Health insurance card | Housing Assist approval letter |
| 3 months bank statements (all accts) | Financial Aid Approval letter (college) | Cash Assistance approval letter (TANF) |
| Social Security/Disability benefits letter | 3 months Child support/alimony proof | |

7. **REASON FOR ASSISTANCE:** Please share your reasons for requesting financial assistance and, if you are requesting a renewal, please include how being a member of the "Y" has helped you and your family.

The information provided in this application is complete, true, and correct. I will inform the Grants Pass Family YMCA of any changes to my financial status.

Applicant's Signature

Date