

Date Received _____
Initials _____

Program Scholarship Request Form

MUST BE RECEIVED 2 WEEKS PRIOR TO PROGRAM START DATE

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 YMCA involvement. Therefore, applicants are asked to pay a portion of the program fees. Your fee 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

- Complete the Request form as instructed in each section attaching all required documentation.
- When your application is complete and the requirements described in section 3 have been attached, **drop off or mail to: Grants Pass Family YMCA**

Attention: Scholarship Department
1000 Redwood Avenue
Grants Pass, OR 97527

NO FAXED or EMAILED DOCUMENTATION WILL BE ACCEPTED

1. Fill out the Request Form completely.

Please be sure this Request Form is completed in full and all proofs of income are attached as instructed to avoid delays.

Personal Information

Applicant Name (parent/guardian if minor child)	Y N	Date of Birth
Mailing Address	Current Member?	Home Phone
City, State, and Zip		Cell Phone

Are you currently receiving a membership scholarship with the Grants Pass Family YMCA? YES NO

Participants Name	Program Applying for	Dates and times of program
Participants Name	Program Applying for	Dates and times of program
Participants Name	Program Applying for	Dates and times of program

Other Household Members: (not including yourself)(must be completed whether applying or not)

NAME	AGE	Relationship	Employer	Monthly Income

Continued On The Other Side

Income Information:

Applicant

Employer

Employer Phone

Employer Address

Position/Job Title

City, State, and Zip

Gross Monthly Income

Spouse/Partner (must be completed whether applying or not)

Employer

Employer Phone

Employer Address

Position/Job Title

City, State, and Zip

Gross Monthly Income

2. Please list the amounts you are receiving for each in the space provided and -0- in the space(s) where you receive no benefits:

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

Total Monthly Household Income _____

3. Proof of income must be attached for each household member. Please bring all that applies. The following is a list of all proofs of income required:

- | | |
|---|--|
| 3 months pay stubs | Financial Aid Approval Letter (college students) |
| Unemployment Benefits Letter | 3 months Child support/alimony proof |
| 3 months bank statements | SNAP (Food stamp) approval letter |
| Social Security and/or Disability benefits letter | Housing Assist approval letter |
| Pension/annuity Benefits Letter | Cash Assistance approval letter (TANF) |
| Rental agreement(s) | |

All proofs of income MUST be attached. Incomplete applications will not be processed.

Please share your reasons for requesting financial assistance:

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.

Applicants Signature

Date