

GRAND RIVER AREA FAMILY YMCA, INC Association Membership & Program Scholarship Application



EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Scholarship Program, the Grand River Area Family YMCA, Inc. provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining your level of support is handled by YMCA staff, in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive membership or program support. YMCA members and program participants can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

PRIMARY APPLICANT

Name: _____ Date of Birth: _____
Email Address: _____
Mailing Address: _____
Contact Phone Number: _____ Current YMCA Member? Yes NO

OTHER PERSONS LIVING IN HOUSEHOLD

Name: _____ Date of Birth: _____
Relationship to Primary Applicant: _____ Included on Membership? Yes NO

Name: _____ Date of Birth: _____
Relationship to Primary Applicant: _____ Included on Membership? Yes NO

Name: _____ Date of Birth: _____
Relationship to Primary Applicant: _____ Included on Membership? Yes NO

Name: _____ Date of Birth: _____
Relationship to Primary Applicant: _____ Included on Membership? Yes NO

Name: _____ Date of Birth: _____
Relationship to Primary Applicant: _____ Included on Membership? Yes NO

Name: _____ Date of Birth: _____
Relationship to Primary Applicant: _____ Included on Membership? Yes NO

Please list any other members of the household on a separate sheet of paper. In addition, please note any custody issues of which the YMCA should be aware.

I AM APPLYING FOR

___ **MEMBERSHIP ONLY** Youth College Adult Couple Single Parent Family Family Sr. Adult Senior Couple

Please see our Membership Flyer for Membership Options and Descriptions.

___ **PROGRAMS ONLY** Program: _____ Session: _____ Participant(s): _____

___ **MEMBERSHIP & PROGRAMS** Please specify membership type and programs above.

FOR OFFICE USE ONLY

APPROVED: Yes NO
Staff: _____

Pay \$ _____
Pay \$ _____

FOR _____ **Membership**
FOR _____ **Program**

HOUSEHOLD INCOME

Place a check mark in ALL applicable boxes below indicating any income and benefits your **HOUSEHOLD** receives. **ALL INCOME REGARDLESS OF WHETHER OR NOT THE WAGE EARNER IS TO BE INCLUDED ON THE MEMBERSHIP MUST BE REPORTED AND VERIFIED.** Please list income BEFORE taxes and deductions.

One (1) or more adult in the household is currently employed. Include your most recent tax return and/or 2 current paycheck stubs that list gross income from EACH adult. Please list any additional wages and/or circumstances that the YMCA should take into consideration on a separate sheet of paper.

Employer: _____ **Gross Salary: \$** _____

Pay Frequency (Circle One): Hourly x___/wk Weekly Bi-Weekly Semi-Monthly Monthly

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I, or someone in my household receives Social Security, Disability, Veterans Benefit, or SSI. Include a benefits letter showing the amount received each month. **Amount Received per Month: \$** _____

I, or someone in my household receives Retirement/Pension/IRA/Investment income. Include the most recent statement showing the amount received each month. **Amount Received per Month: \$** _____

No one in the household is currently employed. Please see statement below *

Our household receives significant (rent, food, etc.) support from someone living outside our home. Please note the approximate **monthly** value of this support. **Amount Received per Month: \$** _____

I am claimed as a dependent by my parents/guardian on their Federal tax return. Include a copy of parents' income tax return and understand that the application will be reviewed based on this information.

BENEFITS AND OTHER INCOME

Do you or others in your household receive income benefits such as UNEMPLOYMENT, ALIMONY, CHILD SUPPORT, SNAP/Food Stamps, RENT SUPPORT, FOSTER CARE, or any other source of income not listed above? If so please write the type and amount below. Verification of listed income may be requested.

Type of Benefit: _____ **Amount Received per Month: \$** _____

Type of Benefit: _____ **Amount Received per Month: \$** _____

* If you have indicated that there is currently no income or benefits in your household, please attach a brief statement specifying how you are currently meeting your basic needs and how you will be able to include YMCA Membership fees into your current financial plan.

INITIAL AND SIGN

_____ I certify that the above information is true and complete to the best of my knowledge, and that I do not have **ANY** additional income not represented above.

_____ I have attached the requested documentation and agree, if necessary, to send additional information to support the above statements.

_____ I understand that if I falsify any of the above information or fail to uphold the YMCA mission and core values, my scholarship may be denied or revoked, and I will be ineligible for assistance now and in the future.

_____ I understand that a scholarship may reduce, but will not eliminate, the cost of my YMCA fees.

_____ I understand that memberships receiving financial assistance must be paid annually. Membership must be paid in-full prior to activation. Scholarshiped programs/memberships are non-refundable.

_____ I understand that membership scholarships must be renewed annually. Program scholarships are good only for the specified program. To renew my scholarship, I must reapply. Fees are subject to change upon reapplication. If I fail to reapply, my membership and/or registration will expire.

Signature: _____

Date: _____