



PEOPLE HELPING PEOPLE

Scholarship Application

Applicant

Name	Home Phone	DOB	SSN
Home Address	City	State	Zip Code
If a child (under 18): Parent's or legal guardian's name(s)			

All persons living in this household

Parent	Parent
Child DOB	Child DOB
Child DOB	Child DOB
Child DOB	Child DOB

Emergency Contact: _____	_____
Name	Phone
Are you or another adult family member at home during the day:	yes no

This is an application for: Youth Membership

Have you ever participated in YMCA scholarship program?

If yes: when? _____

Please list all financial resources you and/or your family receive on a monthly basis.

Documentation must be attached or the application will be denied.

	Total Gross Wages	Child Support	ADC	SSI	Unemployment	Alimony	Retirement	Pension	Total
Adult									
Adult									
Children									
Total									

Monthly value of Food Stamps if applicable

Indicate any other assistance (medical aid, child care subsidy, rent assistance, federal or state) you &/or family receive: _____

Please share any other information or extenuating circumstances you would like to be considered as part of this application. You may use a separate sheet of paper if necessary.

Total Monthly Income

Total Yearly Income

How much are you able to pay?

This application must be renewed every 6 months!

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that my children or I must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand if I falsify any of the above information I will not be eligible for assistance now and/or in the future.

Waiver: I understand that participating in physical activity has inherent risks for injury. I hereby, for myself, all persons included on this membership, my heirs, executors, and administrators waive and release any and all claims and rights for damages I may have against the Pike County YMCA and their executive agents, representatives, successors, and assignees for any and all injuries which may be suffered by me in conjunction with my participation in any YMCA activity. I further understand that all YMCA memberships are non-refundable or transferable.

signature of person completing this form

Date