FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEADVILLE FAMILY YMCA
• 356 Chestnut Street, Meadville, PA 16335
• 11031 Perry Highway, Meadville, PA 16335
• (814) 336-2196 • (814) 724-2348
• www.meadvilleymca.org

MEADVILLE FAMILY YMCA APPLICATION FOR SCHOLARSHIP – CONFIDENTIAL

FOR STAFF USE ONLY – DO NOT FILL OUT THIS SECTION

MEMBERSHIP TYPE: _____ DATE RECEIEVED IN OFFICE: _____ STAFF INITIALS: _____

SCHOLARSHIP: _____%	SCHOLARSHIP RENEWAL DATE: _____
Join Fee: _____	Join Date: _____
Monthly: _____	Payment Method Used: _____
Quarterly: _____	Next Bill Date: _____
Semi-Annual: _____	Staff Initials: _____
Annual: _____	

DATE CALLED: _____ TIME CALLED: _____ STAFF INITIALS: _____

Your application WILL NOT BE PROCESSED without the following: Most recent year's Federal Income Tax Return AND/OR Two recent paycheck stubs AND/OR Proof of Child Support AND/OR Social Security Benefits Letter AND/OR Food Stamp/Cash Assistance Determination Letter. Please submit all documents that are applicable to you. Documents may be attached to this form or emailed to FrontDesk@meadvilleymca.org.

APPLICANT CONTACT INFORMATION

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Employer: _____ Employer Phone Number: _____

Date Employment Began : _____ Gender: _____ Date of Birth: _____

Marital Status: Married Single Spouse's Name: _____

_____ _____
Emergency Contact Emergency Contact Phone Number

LIST ALL HOUSEHOLD MEMBERS

Only children who are born to you, legally adopted/guardianship by you, and claimable on your taxes will be considered dependents. Children over the age of 18 are considered a dependent with proof of residence. You will be asked for verification.

First Name	Last Name	DOB	Included on Membership	Relationship to Applicant

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MEMBERSHIP/PROGRAM INFORMATION

Please indicate Membership/Program you are applying for:
_____ Youth Membership _____Adult Membership _____ Family Membership

_____ Youth Sports _____ Other Programs

MONTHLY HOUSEHOLD INCOME ALL SOURCES: This section must be completed, or your application will be considered INCOMPLETE. You will be asked to show documentation.

MONTHLY INCOME		MONTHLY EXPENSES	
(Gross) Wages/Salaries/Tips (2 pay stubs)	$	Rent/Mortgage	$
Unemployment	$	Utilities	$
Social Security Compensation	$	Food	$
Child Support	$	Clothing	$
Aid to Dependent Children	$	Car/Insurance	$
Food Stamps	$	Alimony/Child Support	$
Alimony	$	Cell Phone	$
Retirement/Pension	$	Medical	$
Disability	$	Credit Card Min Payment	$
Cash Assistance	$	Gasoline	$
Other	$	Other	$
Other	$	Other	$
TOTAL	$	TOTAL	$

NOT REQUIRED to file Federal Tax Return? Reason: _____

Under what Health Insurance plan are you currently covered? _____

Is any portion of your membership or program fees reimbursable by your insurance company? YES NO

The Meadville Family YMCA believes in providing membership and program services to all who desire to participate. The scholarship program, supported in part through donations to the Y's annual campaign, provides the membership and program service to those in need within our available resources.

APPLICATIONS WILL BE RE-EVALUATED ON AN ANNUAL BASIS VIA RE-SUBMITTAL OF UPDATED INCOME INFORMATION. RENEWING MEMBERS WILL ALSO BE ASKED TO ANSWER SOME BRIEF QUESTIONS ABOUT THEIR Y STORY… (HOW THE Y HAS HELPED ME).

I certify that all of the above information and the supporting documents are true and complete to the best of my knowledge. I understand I may lose all YMCA privileges for lack of payment or falsifying information in connection with this application. I further understand that the Y may verify income/expense information by requesting copies of bills or contacting employers. I understand that this membership is reviewed annually. For your ownsafety, the Meadville Family YMCA recommends a complete physical before participating in YMCA activities. For your own safety, the Meadville Family YMCA recommends a complete physical before participating in physical activity. The Y is not responsible for any injuries that occur on the premises. The Y conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the Y reserves the right to cancel membership, end program participation, and remove visitation access. I give my consent that any photographs, videos, etc. of myself or my family may be used in promotional material such as brochures, banners, or newspaper releases. I understand that I will not be given notice or be reimbursed for such photographs.

_____ _____
Signature of Applicant of Parent/Guardian Date