



PITTSBURG FAMILY YMCA

Scholarship Application

For internal use only:
Date: \_\_\_\_\_ Amount: \_\_\_\_\_
FundTime ID: \_\_\_\_\_

The YMCA believes that no person should be turned away because of inability to pay. Please complete this application with income verification paperwork for all adults living in the household.

\* Copy of Tax form 1040 \* Two Months of Paystubs \* Proof of Other Income

Adult #1

Name \_\_\_\_\_
DOB \_\_\_\_\_
Email \_\_\_\_\_
Address \_\_\_\_\_
City/State \_\_\_\_\_
Zip \_\_\_\_\_
Phone \_\_\_\_\_
Employer \_\_\_\_\_

Employment monthly gross \$ \_\_\_\_\_
Unemployment monthly gross \$ \_\_\_\_\_
Disability monthly gross \$ \_\_\_\_\_
Social Security monthly gross \$ \_\_\_\_\_
Food Stamp monthly gross \$ \_\_\_\_\_
Child Support monthly gross \$ \_\_\_\_\_
AFDC/TANF monthly gross \$ \_\_\_\_\_
Other monthly gross \$ \_\_\_\_\_
TOTAL MONTHLY GROSS \$ \_\_\_\_\_

Adult #2

Name \_\_\_\_\_
DOB \_\_\_\_\_
Email \_\_\_\_\_
Address \_\_\_\_\_
City/State \_\_\_\_\_
Zip \_\_\_\_\_
Phone \_\_\_\_\_
Employer \_\_\_\_\_

Employment monthly gross \$ \_\_\_\_\_
Unemployment monthly gross \$ \_\_\_\_\_
Disability monthly gross \$ \_\_\_\_\_
Social Security monthly gross \$ \_\_\_\_\_
Food Stamp monthly gross \$ \_\_\_\_\_
Child Support monthly gross \$ \_\_\_\_\_
AFDC/TANF monthly gross \$ \_\_\_\_\_
Other monthly gross \$ \_\_\_\_\_
TOTAL MONTHLY GROSS \$ \_\_\_\_\_

Dependents under 23 living in household:

Table with 5 columns: Name, DOB, Age, Sex, Relationship. Rows 1, 2, 3.

Total number of people living in household: \_\_\_\_\_

What type of membership are you applying for? [ ] Young Adult [ ] Adult [ ] Family [ ] Senior [ ] Senior Couple

I understand that the Pittsburg Family YMCA does not offer 100% financial assistance and that I will be responsible for paying a portion of the membership dues. I understand that I have two weeks to return this application with the appropriate supporting documentation. If I fail to return this application with the appropriate supporting documentation, or do not qualify for this program, my next monthly draft will return to the normal membership rate. The information I have provided on this form is correct, and I agree to provide additional documentation to verify household income if required.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_