

FRANKLIN-GROVE CITY SCHOLARSHIP APPLICATION

Please Select Options:

- | | | |
|--|--|--|
| <input type="checkbox"/> Family Membership | <input type="checkbox"/> Youth Membership (0-12yrs) | <input type="checkbox"/> Program Participation |
| <input type="checkbox"/> Single Parent Family Membership | <input type="checkbox"/> Teen Membership (13 yrs.-High School) | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Adult Membership | <input type="checkbox"/> College Membership (Full Time) | <input type="checkbox"/> Park Pool |
| <input type="checkbox"/> Senior Citizen(60+) Membership | <input type="checkbox"/> Senior Citizen Family Membership | <input type="checkbox"/> Other |

Applicant's Name: _____ Phone: (____) _____ Birth date _____

Address: _____ City _____ State: _____ Zip: _____ Sex _____

Parent/Guardian Name: _____ Home Phone: (____) _____

Address (if different from above): _____ City _____ State: _____ Zip: _____

Please list immediate family members in your household:

_____	Birth date _____	Age: _____	Sex _____
_____	Birth date _____	Age: _____	Sex _____
_____	Birth date _____	Age: _____	Sex _____
_____	Birth date _____	Age: _____	Sex _____
_____	Birth date _____	Age: _____	Sex _____
_____	Birth date _____	Age: _____	Sex _____
_____	Birth date _____	Age: _____	Sex _____

REQUIREMENTS: (1). INCOME

Please provide proof of income: Tax Return from previous year or W-2 and either two most recent Pay Stubs from each employed person or SSI, Alimony, etc. Your application will not be processed without this information.

Net Earnings: _____ (Multiply your hourly wage by number of hours you work per week multiplied by 52.)

Place of Employment: _____ Length of Employment: _____

Additional Income (Please list monthly amounts and include proof):

Child Support:	SSI:	Unemployment:
Food Stamps:	Housing Allowance:	Other:

Please provide other considerations that should be taken into account. Feel free to write on the back of this form.

(2). THANK YOU: If approved, your membership will be subsidized through the generosity of our Everyday Hero Donors. Each year we hold a campaign to raise funds to offset the cost of a membership for those who financially qualify. As a way of acknowledging our donors, we require recipients of a subsidized membership to write a "Thank You" which will be sent to one of our donors. If you prefer to remain anonymous, you do not need to sign the thank you.

Approved scholarship applicants will be reviewed on a yearly basis. One month prior to your review date a new scholarship application will be mailed to you. You will be required to fill out and submit the application and provide current supporting documents and write a new "Thank You" which will be sent to one of our donors.

All questions must be completed and supporting documents attached. When the application is reviewed you will be notified of any changes in your monthly payment.

To the best of my knowledge and belief I attest the information I have provided to be correct and current. I understand that I may be asked to provide references.

Applicants Signature: _____ Date: _____

Mission Statement

To foster strong individuals, families and community with Christian values by providing quality programs that strengthen spirit, mind & body for all.

It is in keeping with the mission of the Franklin-Grove City YMCA that no one be denied the benefits of YMCA membership and or programs due to financial difficulties.

We are pleased to provide financial support, based on need, as we are able, through our fundraising efforts.

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

SCHOLARSHIP APPLICATION



Member Agency, United Way

ALWAYS HERE FOR YOU

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www.grovecityymca.org

