

**Joplin Family Y**  
**Membership Scholarship Application- PRIVATE**

Two forms of income verification must accompany this application form. The following options are appropriate for this purpose: paycheck stubs, bank statements, tax information, assistance statements. Applications without this information will not be accepted.

Applicant's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Applicant Employment \_\_\_\_\_

Spouse's name \_\_\_\_\_ Spouse Employment \_\_\_\_\_

Applicant gross monthly income \_\_\_\_\_ Spouse gross monthly income \_\_\_\_\_

Child support \$ \_\_\_\_\_ AFDC \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_

Disability \$ \_\_\_\_\_ Student Loan \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Rent/House Payment \_\_\_\_\_ Number Living in Household \_\_\_\_\_

List any expenses which affect net income (medical, school, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which type of membership are you applying for?

Adult \_\_\_\_\_ Family \_\_\_\_\_ Teen (14-18) \_\_\_\_\_ Youth (13 and under) \_\_\_\_\_ Senior (55+) \_\_\_\_\_  
College\*\* \_\_\_\_\_ \*\*full time only, must provide copy of schedule

If you are applying for a family membership, please list the names of the spouse and children that will be included in this membership.

Name	Birthdate	Sex	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a current member of the Joplin Family Y? Yes \_\_\_\_\_ No \_\_\_\_\_

The information that I have provided on this form is correct and I agree to provide additional documentation to verify financial need if required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Scholarship Approved for \_\_\_\_\_  
Notification made \_\_\_\_\_ By \_\_\_\_\_ Completed \_\_\_\_\_ By \_\_\_\_\_

**PLEASE REFER TO THE BACK OF THIS PAGE FOR IMPORTANT INFORMATION**