

JOPLIN FAMILY Y
Membership Scholarship Application – PRIVATE

Two forms of income verification must accompany this application form. **If both applicant and spouse are employed, verification is required for each person.** The following options are appropriate for this purpose: paycheck stubs, tax information, assistance statements. Applications without this information will not be accepted or processed.

Applicant's Name _____ Date of Birth: _____
Address _____ City/State/Zip _____
Phone Number _____ Spouse's Name _____
Applicant Employment _____ Spouse's Employment _____
Applicant gross monthly income: _____ Spouse's 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. _____

What type of membership are you applying for:

Adult _____ Family/Household _____ Senior _____ Teen _____ Youth _____

If you are applying for a Family/Household membership, please list the names of spouse/children that will be included:

Name	Birthday	Sex	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a current member of the Joplin Family YMCA? 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