Membership Scholarship Application

Please fill out the following information and attach the necessary documents (*photocopies only)* and return to the Stillwater Family YMCA. **Please print clearly below.**

Single-parent household? □ Yes □ No Application for financial assistance is for: □ You □ Spouse □ Child (ren)

You must attach the following required paperwork:
_____ Past two months paycheck stubs (if applicable)
_____ Copy of last year's IRS Tax Statement or SSI Allocation Form
_____ Write on back of this form if needed to explain any extenuating circumstances.
_____ Access Card (if applicable)

Return completed form with attached paperwork to:
Stillwater Family YMCA
204 S. Duck
Stillwater, OK 74074

_____ Date of Application

_____ Total number in family (Individuals living in same household)

_____ Name of Parent / Guardian or party responsible

_____ Social Security Number

_____ Address

_____ Place of Employment

_____ City State Zip

(_____)_____ Work Phone

(_____)_____ Home Phone

(_____)_____ Cell Phone

_____ Position How Long

Names of all in Family (household only):	Age	Names of all in Family (household only):	Age

Have you ever applied for financial assistance before at the YMCA? □ Yes □ No
If yes, which YMCA? _____
Have you ever donated your time to volunteer or provide service back to this YMCA? □ Yes □ No
If yes or no, could you and when? _____

Please list *ALL* sources of income before deductions:

Type of Gross Income:	Applicant's Monthly:	Spouse Monthly:	Other Monthly:
Wages / Allowances / Tips / Salaries			
AFDC			
Food Stamps			
Medical Aid			
Financial Aid from School			

Fill in the Maximum Amount you could pay now or monthly: $_____

Applications are processed in the order they are received. If you qualify for a scholarship you will contacted by the Membership Director via phone. Please use the backside of this form for additional info.
Application process can take from 1 day to 3 weeks. Please be patient.

Upon completing this application and signing it, I certify that the information supplied therein is true, accurate and complete to the best of my knowledge. Falsification of any information for consideration of financial assistance, the YMCA will immediately revoke any granted assistance.

_____
APPLICANT'S SIGNATURE DATE

Appraisal conducted by: _____ Date: _____
New Membership Payment: _____ Payment schedule: _____