



Strong Kids Scholarship Application

YMCA Mission: To put Christian principles into practice through programs that build a healthy spirit, mind, and body for all.

This application is not a guarantee of financial assistance. Please print legibly. **Current proof of all household income and previous year's Federal 1040 or IRS letter of nonfiling must be attached for consideration.** Incorrect or incomplete applications will not be processed, please answer all questions.

Name of Applicant: _____ E-mail: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Phone: _____

LIST ALL PERSONS RESIDING IN THIS HOUSEHOLD, INCLUDING APPLICANT

FULL NAME	BIRTH DATE	RACE <small>(optional: for reporting purposes only)</small>	GENDER	RELATIONSHIP TO APPLICANT	KIDZ ZONE NEEDED
				SELF	NO

Monthly Household Income:

- Include total income for **all household members** and **attach verification of amounts**. Bank statements with automatic deposits highlighted can be used for verification of income other than wages.
- Failure to list all income and provide verification will result in denial of financial assistance.
- Note: Gross income is the total income before taxes or household expenses are deducted.

Monthly income Sources

	Verification Provided
Wages, salaries, tips, commission (include last 2 paystubs)	\$ _____ <input type="checkbox"/>
Child Support (include Friend of Court determination)	\$ _____ <input type="checkbox"/>
Unemployment Compensation (include Monetary Determination Statement)	\$ _____ <input type="checkbox"/>
Social Security (include benefit amount notice)	\$ _____ <input type="checkbox"/>
Food Stamps (include DHS award letter)	\$ _____ <input type="checkbox"/>
Housing Assistance (include determination)	\$ _____ <input type="checkbox"/>
Pension or Retirement Funds (include verification of amount)	\$ _____ <input type="checkbox"/>
Other _____	\$ _____ <input type="checkbox"/>
Total Gross Monthly Income	\$ _____

Include Federal tax return (1040, 1040A, 1040EZ) from past year*

*If you do not have a copy of your tax return or did not file income taxes last year, you may obtain a copy of your taxes or a letter of non-filing by calling the IRS at (800) 829-1040, filing IRS Form 4506-T, or at www.irs.gov.

Do your parents claim you as a dependent? Yes No N/A

Which type of membership are you requesting? (please circle) West End only Marquette (includes West End)

Youth (under 19) Young Adult (19-24) Individual Family Senior (65+) Senior Couple (both 65+)

Based on your current financial situation, how much can you afford to pay each month? Please keep in mind this amount will not be zero. \$_____

Why are you applying for assistance? Please describe all circumstances that should be considered.

For reporting purposes only:

Are you a single parent of minor children? Yes No

Do you, or does anyone in your household, have a disability or special needs? Yes No

I certify that the above information is true and complete to the best of my knowledge. I agree to immediately inform the YMCA of Marquette County of any change in my income or family size. I understand that false information could jeopardize the status of my scholarship.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Application received by: _____ Application received on: _____

Application complete: _____ Incomplete: _____ Letter sent: _____ Completed on: _____

Gross Household Income: _____ Number of family members: _____

Current Member New Member Former Member Scholarship Renewal: \$ _____

Membership Type: Youth Young Adult Individual Family Senior Senior Family

Location: West End Marquette Rejoin/Joining Fee: _____

Program Scholarship %: _____ Membership Scholarship %: _____ Membership Amount Approved: _____

Comments: _____

