



GRAND TRAVERSE BAY YMCA

We build strong kids, strong families, strong communities.

Application for Scholarship Assistance

Please fill out the following information and attach the necessary documents (photocopies only) and return to the Grand Traverse Bay YMCA. An interview will be required prior to approval of this scholarship application. Balance of the allocation must be paid in full or on our payment plan through the monthly bank draft program. Exceptions are made only by the YMCA CEO.

Please print all information.

You must attach the following required paperwork:

Return completed form with attached paperwork to:

- _____ Letter stating your reason for applying
- _____ Copy of last year's IRS Tax Statement or SSI Allocation Form
- _____ FIA Title XX benefits denial letter (Child Care financial aid applicants only)

**Grand Traverse Bay YMCA
3000 Racquet Club Drive
Traverse City, MI 49684**

Date of application: _____ Social Security #: _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Cell Phone: _____

Zip Code: _____ Age: _____ Employer: _____

Email: _____ How Long? _____

Spouse/Child(ren)'s Name(s)	Age	School/Employer	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a single-parent household? yes no

Application for financial assistance is for: **Membership** (circle) Family Couple Adult Youth Senior
Program Specify program: _____
 Child Care*
 Other: _____

*If this application is for Child Care, you must have been denied Title XX benefits from the Family Independence Agency. Please attach your denial letter with this application. Your application cannot be processed until you submit a denial form.

Have you ever applied for scholarship assistance before at the YMCA? yes no

If "yes", which YMCA and what year? _____

What volunteer services did you provide? _____

How many volunteer hours did you provide? _____

Your present income level is:

____ Under \$8,000	____ \$8,001 to \$12,000
____ \$12,001 to \$15,000	____ \$15,001 to \$18,000
____ \$18,001 to \$20,000	____ \$20,001 to \$25,000
____ over \$25,000	

What dollar amount are you able to pay each month?

Membership \$: _____ per month
 Program \$: _____ per session
 Child Care \$: _____ per week

What benefits do you see in having this scholarship to join the YMCA as a member or participant?

Why are you applying for scholarship assistance?

Please itemize your monthly income:

INCOME

Wage, salaries, and tips: \$ _____
 Unemployment: \$ _____
 Social Security: \$ _____
 Child Support: \$ _____
 Aid to Dependent Children: \$ _____
 Food Stamps: \$ _____
 401K/Retirement Funds: \$ _____
 Alimony: \$ _____
 Other: \$ _____

TOTAL INCOME: \$ _____

You must attach a copy of your last year's Internal Revenue Service Tax Statement and/or your SSI allocation statement to verify your annual earnings.

Please allow a minimum of three weeks before this application can be processed and approved (or denied) by the YMCA. You will be contacted in writing from the YMCA as to the status of this application. If you have any questions, please contact the YMCA at 231-933-9622.

Signature: _____

Date: _____

For office use only:

Month						Total
Mem Pay						
Camp/Prog						
Total						



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