

One Association Community Partner Y The Third Place FOR YOUTH DEVELOPMENT FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

YMCA OF GREATER SPRINGFIELD

America's Second Oldest YMCA Association www.springfieldy.org

MEMBERSHIP SCHOLARSHIP APPLICATION

The YMCA of Greater Springfield believes in making our programs and services affordable for all. We will not turn anyone away based on inability to pay full fees. Scholarships are made possible through the generous contributions of YMCA donors. Please print all information and answer all questions. **Be certain to attach required documents**. Thank you.

NAME:				BIRTH DATE:		
ADDRESS:				PHONE:		
Street I am applying for scholarship for:	Town	State	Zip			
Membership (List membership List MEMBE				type of programs)		
NAME	S	CHOOL/EMPLO	YER	DATE OF BIRTH		
Please List Your Monthly Household Income: Gross wages, salary and tips Unemployment compensation Social Security/SSI Child Support TAFDC, EAEDC Food Stamps				Please detail any special circumstances which we should know in order to make an informed decision on your application:		
Retirement Income						
Other Income	_					
Total Monthly Incom						
Total Annual Income						
IMPORTANT: To complete your at the most recent month's earnin you must attach a copy of (gran	gs. If you are red t notification fo be asked to bring in ion above provid	must attach a co ceiving TAFDC, I orm's). For child n more information led is true:	EAEDC, unem support or a to complete th	Federal Income Tax Form and copies of pay stubs f nployment, food stamps, and/or social security/SS alimony, an award statement must be attached. the process of your scholarship application. Date		
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