



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SCHOLARSHIP APPLICATION

YMCA of Madison County

PLEASE INDICATE THE TYPE OF APPLICATION YOU ARE FILING:

RENEWAL _____ NEW REQUEST _____

NAME OF APPLICANT: _____ DATE OF APPLICATION: _____

OTHER HOUSEHOLD MEMBERS:	RELATIONSHIP TO APPLICANT: <small>(Dependent children must be under age 18 or full-time students under age 25)</small>	GRADE & SCHOOL:

HOME ADDRESS: _____

(number and street)

(city and state)

(zip code)

EMAIL: _____ HOME/CELL PHONE: _____

EMPLOYER (APPLICANT): _____ HIRE DATE: _____

EMPLOYER (SPOUSE): _____ HIRE DATE: _____

INCOME (MONTHLY)	TOTAL AMOUNT	OFFICE USE ONLY
Wages, Salaries & Tips	\$	
Unemployment Compensation	\$	
Social Security	\$	
Child Support	\$	
Food Stamps	\$	
Public Assistance	\$	
Alimony	\$	
Total Income	\$	

TOTAL # OF PEOPLE LIVING IN HOUSEHOLD: _____ TOTAL # OF ADULTS: _____

TYPE OF ASSISTANCE REQUESTED:

_____ ADULT MEMBERSHIP _____ FAMILY MEMBERSHIP _____ YOUTH MEMBERSHIP
_____ KIDS ZONE _____ YOUTH SPORTS _____ YOUTH PROGRAMS _____ DAY CAMP

