



We build strong kids strong families, strong communities.

Grant County Family YMCA

123 Sutter Way • Marion, Indiana 46952
Phone (765) 664-0544 • Fax (765)664-0548

COMMUNITY PARTNERS SCHOLARSHIP APPLICATION

Scholarship Requested for:

Membership Type _____

Program _____

Child Care _____

Day Camp _____

Family- A married couple living together (one is the householder/person in whose name the housing unit is owned or rented) and all IRS allowable tax dependants related by birth or adoption including college students up to the age of 24.

Single-Parent Family (SPF) – A single parent and all IRS allowable tax dependents related by birth or adoption, including college students up to the age of 24.

Senior Citizens- Any individuals 65 years and older.

College- Students up to the age of 24 with 12 or more credit hours.

Youth- Any student under the age of 18 years or still in high school.

Marital Status (circle one) _____ Married Divorced Separated Single

Date: _____

Applicant: _____

Date of birth: _____ Drivers license/State I.D. #: _____

Spouse : _____

Date of birth: _____ Drivers license/State I.D. #: _____

Address: _____

City/State _____ Zip _____

Home phone: _____ Cell phone: _____ Cell phone: _____

Email address: _____

Place of employment: _____ Tel: _____

Spouse's place of employment: _____ Tel: _____

Relative not living with you: _____

Relationship: _____ Phone number: _____

TOTAL GROSS MONTHLY HOUSEHOLD INCOME

Please attach proof of income verification is required to process the application

Paycheck: \$	ADC/AFDC: \$
Child Support: \$	Social Security: \$
Food Stamps: \$	Unemployment: \$
Other Income: (please list) \$ \$	<i>A History Inquiry and a Claim Index Inquiry is required for the unemployed. An inquiry can be obtained by contacting Work One. 850 Miller Ave. Marion In 46952 (765) 668-8911</i>

List all people living in the home. Attach a separate paper if additional space is required.

Scholarship Request	Name Place a check <input checked="" type="checkbox"/> beside names for which the scholarship is requested.	Date of Birth
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	

The above information is certified to be true.

Applicant: _____ Date: _____

Spouse: _____ Date: _____

**All required documentation must be presented with application.
Allow 5 to 7 business days for processing.**

OFFICE USE ONLY:

Date received: _____ Initials: _____

Date processed: _____ Initials: _____

Date notified: _____ Initials: _____

