



Grant County Family YMCA

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

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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 dependants 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: _____

<u>TOTAL GROSS MONTHLY HOUSEHOLD INCOME</u>	
<i>Please attach proof of income verification is required to process the application</i>	
Paycheck:	\$
Child Support:	\$
Food Stamps:	\$
Other Income: (please list)	\$
	\$

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

Scholarship Request	Name Place a check 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: _____