



WELCOME TO ALL

It is through the generosity of our community members , who make contributions to our Annual Campaign; that we are able to be committed to our mission that “No one is turned away for the inability to pay.” We want to ensure that each person has the opportunity to learn, grow and thrive.

- A Scholarship reduces membership prices; it does not eliminate them.
- All Scholarships will be granted for 12 months, unless notified otherwise.
- The Y requests that you re-apply annually, with updated documentation.
- Membership fees are subject to change when you re-apply.
- If you do not re-apply at the time requested, your membership will expire.



SCHOLARSHIP APPLICATION

1 APPLICANT INFORMATION

Name:

Address:

City/St/Zip:

Home Ph:

Cell Ph:

Email :

2 ALL PERSONS LIVING IN HOUSEHOLD

Name	DOB
<input type="checkbox"/> Parent/Adult	
<input type="checkbox"/> Parent/Adult	
<input type="checkbox"/> Child	
<input type="checkbox"/> Child	
<input type="checkbox"/> Child	
<input type="checkbox"/> Child	

3 I AM APPLYING FOR

✓ Check type of membership applying for

2 ADULT FAMILY

2 ADULT ONLY

1 ADULT FAMILY

1 ADULT ONLY

YOUNG ADULT

YOUTH

SENIOR FAMILY

SENIOR ADULT

To qualify for Senior or Senior Family memberships you must be at least 62 years of age.

4 PLEASE MARK ALL THAT APPLY

I RECEIVE:

- ENERGY ASSISTANCE
- HOOSIER HEALTHWISE
- CANI (HEADSTART)
- CANI (CHILDCARE VOUCHER)
- TANF (CASH ASSISTANCE)
- SNAP (FOODSTAMPS)

5 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING :

In order for your application to be processed, you MUST provide ALL sources of income.

- Most recent federal tax return
- Most current paycheck stubs
- Current SSI documentation
- Proof of unemployment
- Child Support verification
- Proof of any other income

	Adult 1	Adult 2
Monthly gross income		
Child Support		
SSI		
Unemployment		
Government Assistance		
Other		

6 I certify that the above information is true and correct to the best of my knowledge. I agree, if necessary, to provide additional information and documentation to support the above information. I understand that if I falsify any information, I will not be eligible for assistance now or in the future.

Signature of person completing this form _____ Date _____

Attach all documentation and return to the Courtesy Counter Staff.

TELL US MORE..... Use this space to include any additional information you feel are necessary for your application process.

FOR OFFICE USE

APPROVED: YES NO

SCHOLARSHIP %: _____

MEMBERSHIP TYPE: _____

MONTHLY FEE: _____

NOTES IN DAXKO: YES NO

DATE: _____