



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Mahaska County YMCA Scholarship Application

### Primary Member

Name (First MI Last)	DOB	Cell Phone	Home Phone
Address	City / State/ Zip	Email Address	

### Spouse

Name (First MI Last)	DOB	Cell Phone
Email Address	Employer	

Family Member Information: **We only recognize children claimed on your taxes as a dependent!**

#	Dependent/Children's Names	M/F	Birth Date	Age	Grade
03					
04					
05					
06					
07					
08					

### Household Income

Primary Contact's Employer	Spouse / Partner Employer
Current Monthly Income (Gross) \$	Current Monthly Income (Gross) \$
Prior Year Annual Household Income: \$	

### Scholarship Request

Membership (circle one):	Youth	Teen	Adult	Family
	Single Parent Family	Senior Citizen	Senior Couple	
Program (circle one):	Gymnastics	Swim Lessons	Youth Sport _____	
Other _____				

**Required Attachments:**      Most recent Tax Return      SSI documentation  
    Last 2 pay stubs                      Child Support documentation

**I certify that the above information is accurate. I understand that if approved for a scholarship, I (or my children) must attend the program approved for. If membership, I/our family must use the facility a minimum of four times monthly. Scholarship revocation may result from lack of use.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Complete information on page 2 of form\*\*



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Please take a few moments to tell us how this assistance will help you and your family.

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**For Office Use Only**

Program Director

Approved Y / N Program Approved For: \_\_\_\_\_ Date: \_\_\_\_\_

Financial % Approved: \_\_\_\_\_ Funding Source: \_\_\_\_\_

Reason if denied: \_\_\_\_\_

Member Service Representative

Notification Date: \_\_\_\_\_ Interview/Join Date: \_\_\_\_\_  
(expires 30 days after notification if no join)

YMCA Staff: \_\_\_\_\_  Annual  E.F.T.  Credit/Debit Card

Type of Membership:  Youth  Teen  College  Family  Adult  Single Parent Family  
 Senior  Senior Couple