








MAHASKA COUNTY YMCA
414 NORTH 3RD STREET
OSKALOOSA, IA 52577

Membership Scholarship Application

Type of Membership:  Youth  Adult  Family
 Single Parent Family  Sr Citizen

Name of Applicant: _____

Address: _____

City: _____ State: _____

Phone#: _____

Birthdate: _____ Age: _____

Applicant's Place of Employment: _____

Spouses Name: _____

Birthdate: _____ Age: _____

Spouse's Place of Employment: _____

Email Address: _____

Children's Names:

1st Child: _____ Birthdate: _____ Age: _____

M/F

2nd Child: _____ Birthdate: _____ Age: _____

M/F

3rd Child: _____ Birthdate: _____ Age: _____

M/F

4th Child: _____ Birthdate: _____ Age: _____

M/F

5th Child: _____ Birthdate: _____ Age: _____

M/F

Prior Year's Total Gross Income: \$ _____

Current Monthly Gross Income: \$ _____

****On the back of this form please take a moment and let us know how a membership will affect your life and the impact it will have on your family.**

Attached forms for documentation: Most recent Tax Return
 Last 2 pay stubs
 SSI documentation of monies
 Child Support documentation of monies

***Without these forms (ones that are applicable to your situation), your application will not be reviewed.**

Application will be reviewed by the YMCA Membership Director in strict confidence. If questions arise the Membership Director may choose to make arrangements to meet with you within the next few days. This is not always a necessity. The purpose of this membership is to help you in your time of need relieve the stress of daily problems and provide your children with a safe, fun, and structured environment. We look forward to serving you and our community with this continued commitment.

To the best of my knowledge all of the above information is true and correct.

Signature: _____

Date: _____