



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## REQUEST FOR SCHOLARSHIP / FINANCIAL ASSISTANCE

### Instructions:

1. Form must be completed on both sides.
2. Attach proof of income to this form.
3. Sign your name on page 2.
4. Return to YMCA in a postage paid envelope.
5. Wait for written correspondence regarding your application.

Office Use Only

Received: \_\_\_\_\_

Letter Mailed: \_\_\_\_\_

Exp. Date of Subsidy: \_\_\_\_\_

### Please print neatly.

Application name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female Ethnicity: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you currently a member of the West Cook YMCA?  No  Yes If yes, ID# \_\_\_\_\_

### Provide the following information for all household members:

Name	Date of Birth	Gender	Program
Spouse/Sig. Other _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
1. _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
2. _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
3. _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
4. _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
5. _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

Specify type of membership for which you are requesting fee reduction:  Household  Adult  Youth

### COMPLETE REVERSE SIDE WITH FINANCIAL INFORMATION

Notes - Office Use Only

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Maximum Amount: \_\_\_\_\_ % Fees

Joiner's Fee: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Membership \$ \_\_\_\_\_ \$ \_\_\_\_\_

Program: \$ \_\_\_\_\_

Grand Total Awarded: \$ \_\_\_\_\_

