



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

SCHOLARSHIP APPLICATION: Application must be completed in full with all documents to process.

The Malden YMCA is a 501(c)(3) nonprofit charity that is able to provide scholarships thanks to the financial generosity of those who recognize the Y's positive impact in our communities.

1 PRIMARY MEMBER INFORMATION:

FIRST _____ MI _____ LAST _____ / / _____
DOB

ADDRESS _____ City _____ STATE _____ Zip Code _____

EMAIL ADDRESS _____ HOME PHONE # _____ CELL PHONE # _____

2 ALL PERSONS LIVING IN HOUSEHOLD: Please check mark each person applying for assistance.

- Adult: _____
- Adult: _____
- Adult: _____
- Child: _____ DOB: _____
- Child: _____ DOB: _____
- Child: _____ DOB: _____
- Child: _____ DOB: _____
- Child: _____ DOB: _____
- Other Dependents: _____ Age(s): _____

3 CHECK WHAT YOU ARE APPLYING FOR:

MEMBERSHIP TYPES

- Senior (70+)
- Adult (24-69)
- 1-Adult Family
- 2-Adult Family w/Children
- 2-Adult Family without Children
- 3-Adult Family
- 3-Adult Family w/Children
- Young Adult ages(19-23)
- Teen (13-18)
- Youth (0-12)

PROGRAMS

- Swim Team
- Child Care
- Camp

PLEASE CIRCLE ANSWERS BELOW

Parent/Guardian #1	Home	Working	In School
Parent /Guardian #2	Home	Working	In School

4 PROOF OF INCOME: Please provide a copy of the most recent tax documents for all household members OR one of the following for each household adult:

- Copies of one month's worth of current pay stubs.
- A letter from your employer on company letterhead reflecting your weekly salary.
 - The letter must include: date of your employment, number of hours you work, your hourly wage and company phone number to verify all information.
- Copies of forms for all household members receiving D.T.A., S.S.I., S.S.D.I., or V.A.
- Adults without income in your household MUST provide proof of such by providing a statement from Social Security or from a social worker on agency letterhead.

5 Please provide any information that will assist the YMCA in making a scholarship determination:

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so the scholarship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form

Date

For Office Use Only

Approved: YES NO

YMCA % _____

Member price: _____

Staff Name: _____

Date Approved: _____

*ALL FINANCIAL DOCUMENTS
SHOULD BE COPIES ONLY AND THEY
WILL BE SHREDDED*