



COLE CENTER FAMILY YMCA

Scholarship Application

Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____ Zip: _____

Primary Phone Number: _____ Alternate Phone Number: _____

E-mail Address: _____

(Please print clearly; your application results will be sent to the above address)

Family Members:

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Membership Type (Please circle one of the following; +1 equals adult add-on): Youth Adult
Single Parent Single Parent+1 Single Parent+2 Single Parent+3 Single Parent+4 Family
Family+1 Family+2 Family+3 Family+4 Senior Citizen Senior Family

-In order for children to be included for free on family or single parent memberships, they must be legal dependents who are younger than eighteen years old or who are enrolled in high school. Once the legal dependent turns eighteen and no longer attends high school, he or she must be added on as an extra adult in order to continue using the facility, unless the legal dependent provides verification of being a full time student (12 credit hours or more).

-Any adult who is not married and wants to be included as an adult add-on to a Cole Center Family YMCA membership needs to provide proof of his or her address (example: Driver's License, piece of addressed mail).

Programs

 (Please circle any of the following that apply):

Health & Wellness Classes (Ex: Yoga, Zumba, etc.) KidKare Preschool Swim Lessons Youth Sports

(see reverse side)

Date Received: _____ CC Initials: _____

Financial Information:

The Cole Center Family YMCA will NOT accept your application if it is not completed or if the copies of all sources of the household income are not attached. Please do not turn the application in without the attached income as it will NOT be processed.

The following are examples of household income copies that should be included with the application:

- Check/Check Stub
- Unemployment Printout
- Court Order or Printout Verifying Child Support, Guardianship, Alimony
- Foster Care Income/Child Placement Letter
- Public Aid and/or Food Stamp Award Letter or Printout
- Social Security or Disability Income Letter
- Pension or Retirement Income Printout

Please list all MONTHLY amounts received in each category and attach verification or documentation of each amount.

_____	Applicant's Monthly GROSS income (wages, salaries, tips, unemployment)
_____	Second Adult's Monthly GROSS income (wages, salaries, tips, unemployment)
_____	Third Adult's Monthly GROSS income (wages, salaries, tips, unemployment)
_____	Fourth Adult's Monthly GROSS income (wages, salaries, tips, unemployment)
_____	Child Support Received
_____	Foster Care
_____	Public Aid
_____	Food Stamps
_____	Social Security or Disability Benefits
_____	Pension/Retirement Fund
_____	Other (Please Specify) _____
_____	Total Monthly Income

Additional Comments:

By completing this application and signing it, I certify that the information supplied herein is true, accurate, and complete to the best of my knowledge. If any false information was supplied, I waive my right to use the Cole Y and forfeit all monies paid to the Cole Center Family YMCA.

Signature: _____ **Date:** _____

All completed applications will be reviewed and processed within fourteen business days; if you have not received an e-mail or a phone call within fourteen days of turning in your application, please contact Jenny Ferguson, Membership Director, at membershipserv@mchsi.com.

