

The YMCA of Metropolitan Chicago  
REQUEST for SCHOLARSHIP

Please complete the information below to help us evaluate your request:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Name(s) and Age(s) of Family Members in Household: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

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

Please indicate the membership or program that you are requesting fee reduction for:

Membership:            Adult                                  Family                                  Senior                                  Youth

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

Reason for Scholarship Request:    Please attach a letter stating your financial situation.

Are you currently a member of the YMCA?            Yes \_\_\_\_\_            No \_\_\_\_\_

Membership # \_\_\_\_\_

**FORM OF DOCUMENTATION FOR INCOME:**

What is the total annual income for your entire household? \_\_\_\_\_

What is the number of people supported by your income? \_\_\_\_\_

How much can you afford to pay? \_\_\_\_\_

What is the total cost of the Membership or Program? \_\_\_\_\_

Attach a copy of one of the following items as proof of income:            (Check Appropriate Source)

\_\_\_\_\_ latest tax return IRS 1040            and a letter indicating your financial situation

\_\_\_\_\_ Earned Income Statement and Public Aid Card/Social Security Benefits Statement.  
and a Letter indicating your financial situation

**Statement by applicant: I certify that all information provided to the YMCA of Metropolitan Chicago for reduction of fees is true. I understand that false information will make me ineligible for any participation in this organization. I understand that the decision to grant a fee reduction is at the sole discretion of the Y's board of managers or its designee.**

Signature of applicant: \_\_\_\_\_

Or parent/guardian if applicant is a minor

Date: \_\_\_\_\_

