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**GALLATIN VALLEY YMCA SCHOLARSHIP APPLICATION**

**How to apply:**

1. Pay $10 deposit at time of application.

*\*Please note*: this non-refundable deposit is used as a credit to your account for future payment.

1. Please share how you intend to use a membership with the Gallatin Valley YMCA and/or why you are interested in YMCA programs. If you receive a Y Scholarship, how this would benefit you/your family. If willing, provide a message of thanks to the donors who provide funds for our financial assistance program (you may do so anonymously; please state whichever you prefer). We may share your words of appreciation with the individuals and companies whose gifts make Y Scholarship funding possible. If you are willing to help us raise funds for this program, please speak with our Membership Desk for information.
2. Please attach verification of your current total household income. Verification documentation to include at least 2 recent paystubs (If Self Employed: most recent tax forms). If you did not file taxes last year please attach an IRS Verification of Non-Filing Letter. If you receive government assistance (social security, food support, unemployment, etc.), please include all financial award information, including your food support award. Applicants receiving assistance that do not provide food support award information will not be processed until such information is provided.
3. Return the application items to the Gallatin Valley YMCA for review.

***Please allow up to 5 days to process completed applications. Awarded participants have 48 hours to accept or decline offered assistance. No response within 48 hours and scholarship is voided.***

The Gallatin Valley YMCA staff will attempt to contact you to notify you of the status of your Y Scholarship application via your preferred method of contact. Grant award period is 1 year, after which re-application is required. Completion of this application does not guarantee approval. If you wish to discuss your application or have questions regarding memberships, please contact the Gallatin Valley YMCA at (406) 994-9622.

**All Y Grant Applicants:**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ New Applicant ⃞ Renewal Applicant ⃞

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race & Ethnicity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Household consists of:

Nursery Age Children (under age 5) ⃞

School Age Children (5 - 13) ⃞

Young Adults (ages 14-28) ⃞

Adults (ages 29-64) ⃞

Seniors (ages 65 and up) ⃞

Anyone in the household Active Military or Veteran (if yes please list name and status):

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List only Spouse/Significant Other and Dependents:

\*Dependents may include children, foster children, grandchildren and other children for whom the adult is guardian and is tax dependent

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_\_

(If more than 5, please attach to back of application)

**Renewal Applicants Only:**

All Gallatin Valley YMCA programs and memberships are intended for the development of the whole person – spirit, mind and body. In order for our YMCA to meet these goals, we ask for your feedback! Please take a moment to complete this brief questionnaire.

List all program areas/activities you and/or your family participate in at the Gallatin Valley YMCA:

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What reason(s)/needs do you have for using these YMCA Program(s) and/or facilities?

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How have you/your family benefited from having a Y Membership? *(*Circle all that apply)

Developed Friendships Social Interaction

Increased Self-Esteem Weight Management

Stress Control Gained Knowledge

Learned/Improved sport skills Involved in healthy activities

Networking/Support Mentoring

Focused Values (respect, caring, etc) Volunteer opportunities

Other; please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How helpful was the Member Services staff? (Circle One)

Very Helpful Helpful Somewhat Helpful Not Helpful

How adequate was the facility and equipment to meet your needs?

Very Adequate Adequate Somewhat Adequate Not Adequate

How clean was the facility and equipment that you used?

Very Clean Clean Somewhat Clean Not Clean

Would you recommend the Gallatin Valley YMCA to a friend?

Yes No

How did you initially hear about the Gallatin Valley YMCA?

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Other comments regarding the YMCA Services:

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I would like a staff person to contact me regarding my above comments: Y N

Thank you for your feedback!

Please share whyyou are applying for Y Grant funding: what you hope to gain from a membership or attendance in programming, and financial limitations, etc. Please attach additional sheets if necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If willing, provide a message of thanks to the donors who provide funds for our Y Grant financial assistance program.

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Would you like to remain anonymous? Yes No

**Please check what type of program(s) you plan to use Y Grant funding:**

Grant application approval is based though individual departments (camps, sports, fitness, and membership). Y Grants will be broken down by use within each department.

⃞ Adult Programs ⃞ After School Program ⃞ Early Learning

⃞ Membership ⃞ PIR Camp Days

⃞ Summer Camps: Please list all Site/age groups (ex. Hawthorne 3rd/4th)

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⃞ Youth Sports: Please list all sports you plan to partake

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**Financial Information:**

Are you employed? (Circle one) Yes No

If no, are you looking for work? Yes No

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are other adults in the home employed? Yes No

If no, are they looking for work? Yes No

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is anyone in the home receiving unemployment aid?(Circle one) Yes No

Is unemployment due to COVID19? File Date: Yes No

Are you currently Job-Attached (planning to return to work? Yes No

**Please itemize your gross annual household income.**

Spouse’s Income

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Your Income

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Salary, wages & tips

Unemployment compensation

Social Security compensation

Child support

Aid for Dependent Children

Food stamps

401(k) Retirement

Alimony

School loan income

Housing allowance

Other

Total Annual Income

Other Income

$\_\_\_\_\_\_\_\_\_\_

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$\_\_\_\_\_\_\_\_\_\_

**Documentation is required; please attach to application.**

**Monthly Expenses**

Rent/Mortgage $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auto Loan $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Monthly Expenses: $\_\_\_\_\_\_\_\_\_\_\_\_

**Total Annual Expenses: $\_\_\_\_\_\_\_\_\_\_\_**

(Monthly Expenses x 12)

Phone $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Support $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Care $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Cards $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit your completed Y Scholarship application with the following:**

1. Current year’s Federal Tax Return (Form 1040 pages 1 and 2 only; or 1040EZ)

2. Copies of your household’s (primary and secondary adults) last two paycheck stubs OR a letter from your employer on company letterhead stating your annual salary

3. Copies of any supporting documentation listed above.

This application is not to be considered a guarantee of Y Scholarship funding. I certify that this information is true and complete to the best of my knowledge. **Lack of correct information can result in disqualifying the application.**

I grant permission to the Gallatin Valley YMCA to verify this information. I agree to notify the YMCA if my financial status should change.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date