



NANCY POWERS MEMORIAL SCHOLARSHIP Application

To be considered for this scholarship, all sections must be completed. Financial need, as well as life's circumstances, will be taken into consideration and a committee of YMCA staff will determine who is awarded. Applications are due January 20th and a winner will be notified by January 31st, 2022.

1 APPLICANT INFORMATION

ABOUT THE SCHOLARSHIP

Nancy Powers was a passionate and devoted friend and employee of the YMCA for over 47 years.

Nancy deeply cared for each of our members and embodied the Y's dedication to serve our communities. A friend to many of our Senior Members, this scholarship will provide memberships for Senior Citizens at no cost to promote healthy and active older adults.



Nancy Powers, Registration Desk

APPROVED		YES	NO
YMCA	%	YOU	%
STAFF NAME			
DATE			

Please provide a valid address.					
Name					
Date of Birth					
Mailing Address					
City					
State	Zip Code				
	2.5 code				

OTHER HOUSEHOLD MEMBERS

Home Phone

Cell Phone

Email

Total persons living in household:

First/Last Name	DOB	School Attending	Grade
Adult			
Adult			
Dependent			

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4 PLEASE PROVIDE PROOF OF INCOME

To be considered for this scholarship, all questions must be completed. Attach all applicable financial documents and turn them in to the Dow Bay Area Family YMCA Member Service Desk. No originals — only copies will be accepted.

I FILED FEDERAL TAXES FOR CURRENT YEAR

1040 Federal Tax Form(s) for all incomes in household

\$_	
-	TOTAL ANNUAL HOUSEHOLD INCOME



I <u>DID NOT</u> FILE FEDERAL TAXES FOR CURRENT YEAR

Documents showing the last 30 days of my household's income (pay stubs, proof of all government assistance).

\$	x 12 =
30 DAYS INCOME	MONTHS

I understand that this scholarship provides membership for one calendar year only. 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 sponsorship assistance is based on need. In the event that I or my family must cancel our participation, I will contact the YMCA immediately so sponsorship 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



TELL US MORE...

If you need more space, attach an additional sheet of paper.

In your own words, why do you want to join the Dow Bay Area Family YMCA as a member?