



NANCY POWERS

MEMORIAL SCHOLARSHIP



NANCY POWERS MEMORIAL SCHOLARSHIP APPLICATION

To be considered for this scholarship, all sections must be completed. Financial need, as well as life circumstances will be taken into consideration and a committee of YMCA staff will determine who is awarded. **Must be 65+ years old to apply.**

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 in order to promote healthy and active older adults.



Nancy Powers-Registration Desk

1 APPLICANT INFORMATION

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

2 OTHER HOUSEHOLD MEMBERS

Total persons living in household: _____

First & Last Name	Birthday	School	Grade
Adult			
Adult			
Dependant			
Dependant			
Dependant			
Dependant			
Dependant			
Dependant			
Dependant			

FOR OFFICE USE ONLY

APPROVED YES NO

YMCA % You %

Staff Name: _____

Date: _____

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3 PLEASE PROVIDE PROOF OF INCOME

To be considered for this scholarship, all sections must be completed. Attach all applicable financial documents and turn them into the Dow Bay Area Family YMCA Member Service Desk. Do not submit 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

OR

I DID NOT 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 MONTHS =

30 DAYS INCOME

_____ TOTAL ANNUAL HOUSEHOLD INCOME

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 I do not have additional income not represented above. I agree, if necessary, to send additional information is based on need. In the event that I or my family must cancel our participation, I will contact the Dow Bay Area Family 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

4 TELL US MORE...

In your own words, why do you want to join the Dow Bay Area Family YMCA as a member? (If you need more space, please attach an additional sheet of paper.)

5 EMERGENCY CONTACT

Full Name: _____

Phone: _____

6 ACCOUNT CHANGES (MEMBER AUTHORIZED TO MAKE CHANGES TO ACCOUNT)

First Name: _____

MI: _____

Last Name: _____

7 REGISTERED SEX OFFENDER POLICY

In the interest to maintain an environment that is safe for members, employees, and visitors, the Dow Bay Area Family YMCA reserves the right to prohibit access to its facilities and/or grounds to Registered Sex offenders. They YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

INITIAL: _____

8 LIABILITY

I understand that the Dow Bay Area Family YMCA assumes no responsibility for injuries, which I or my child may sustain as a result of my or my child's physical condition or resulting from my or my child's participation in any activities, programs, exercise, or use of any facility equipment, or other activities organized or sponsored by the Dow Bay Area Family YMCA & Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the YMCA, I hereby voluntarily release and discharge the Dow Bay Area Family YMCA, its agents, servants, and employees from any and all claims for injury, death, loss, or damage that my child or I may suffer. I understand Dow Bay Area Family YMCA is NOT responsible for personal property lost or stolen why members and/or program participants are using YMCA facilities or YMCA premises.

INITIAL: _____

9 PHOTO RELEASE

I give permission to the Dow Bay Area Family YMCA and affiliates to use without limitation or obligation, photographic, film footage, tape recordings, pulled quotations, or other media that may include my image or voice for purposes of promoting or interpreting YMCA programs.

10 PURPOSE & GOALS

As a member/program participant of the Dow Bay Area Family YMCA, I agree to cooperate in the accomplishment of the YMCA's accepted purpose—to put Christian principles into practice that build healthy spirit, mind, and body for all. I recognize that YMCA programs and memberships embrace all types of members and involve identification worldwide.

INITIAL: _____