

# Scholarship Application

**ARE YOU CURRENTLY A MEMBER OF THE YMCA? YES NO**

**1 APPLICANT INFORMATION**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**If an applicant is under 18:** Parent's or legal guardian's name \_\_\_\_\_

**2 ALL PERSONS LIVING IN THIS HOUSEHOLD**  
Place a check mark for each family member applying for assistance.

\_\_\_ Parent/Guardian/Adult \_\_\_\_\_

\_\_\_ Parent/Guardian/Adult \_\_\_\_\_

\_\_\_ Child \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_ Child \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_ Child \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_ Child \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_ Other Dependent(s) \_\_\_\_\_ Age(s) \_\_\_\_\_

\_\_\_\_\_ Age(s) \_\_\_\_\_

**3 I AM APPLYING FOR**  
Check category for which you are applying.

<b>MEMBERSHIP</b>	Family – legally married couple with dependent children
	Adult - 18 and over
	Couple - legally married
	Single Parent Family - single (unmarried) head of household and dependent children
	Youth - 17 and under
	Senior Adult - 60 and over
	Senior Couple - legally married, only one needs to be 60yrs of age or older

**Who has custody of the child(ren)? Check one.**

Joint \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Foster \_\_\_\_\_

Guardian \_\_\_\_\_ I do not have custody. \_\_\_\_\_

**4 FAMILY INCOME INFORMATION** (All income must be included.)

Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Gross Salary \$ \_\_\_\_\_ (Hourly, Weekly, Monthly)

Spouses Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Gross Salary \$ \_\_\_\_\_ (Hourly, Weekly, Monthly)

Unemployment Income per Month \$ \_\_\_\_\_

Social Security per Month \$ \_\_\_\_\_

Child Support, Alimony, Misc. Income \$ \_\_\_\_\_

Have you applied for a scholarship in the past? \_\_\_\_\_

If yes, did you receive a scholarship? \_\_\_\_\_

I certify that all information on this form is correct and true to the best of my knowledge, and that I do not have additional income not represented above. I understand that scholarship assistance is based on need.

Signature of Applicant: \_\_\_\_\_

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

**Please attach a copy of your most recent tax return(s) verifying all of your household's income. Applications without proof of income will not be considered for financial assistance.**

**FOR OFFICE USE:**

APPROVED YES NO

PAY \$ \_\_\_\_\_

DATE \_\_\_\_\_

AWARD LETTER IS VALID FOR 180 DAYS

**TELL US MORE** . . . Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper:

*I want/need a YMCA Scholarship because:*