

TWIN RIVERS YMCA - Scholarship Application

The YMCA will make every effort to process this application within three weeks. In order to process your application, please submit this form and copies of the following documents:

- 2011 Federal Income Tax Return 1040 (If none please explain)
- Most recent paycheck stub
- Any other awards or income from local, state or federal agencies, i.e., Social Security income, disability income, child support, etc.

(Please be sure to include copies for all individuals contributing to household income.)

To be completed by parent or guardian if applicant is under 18 years old.

We are committed to serving people, regardless of their income, but we expect participants to pay a fee based on their financial ability. While we are a non-profit agency, we depend on participant fees to help maintain our services. Based on the available financial resources of the Association, YMCA scholarships will be awarded. Federal Poverty Guidelines determine the amount of assistance that the YMCA may provide. **Applications must be accompanied by proof of family income.**

Applicant: _____ Birth-date: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Employer name: _____ Phone No.: _____ Home Phone No.: _____ Cell No.: _____
 Number of adults in household: _____ Number of children in household: _____

Family member's name (last if different)	Birth-date	Monthly Expenses
1. _____ Spouse (First & Last Name)	_____	Mortgage/Rent: _____
2. _____ Children (First & Last Name) M / F <small>(Relationship to Child)</small>	_____	Medical: _____
3. _____ Children (First & Last Name) M / F <small>(Relationship to Child)</small>	_____	Utilities: _____
4. _____ Children (First & Last Name) M / F <small>(Relationship to Child)</small>	_____	Food: _____
5. _____ Children (First & Last Name) M / F <small>(Relationship to Child)</small>	_____	Credit Cards: _____
6. _____ Children (First & Last Name) M / F <small>(Relationship to Child)</small>	_____	Insurances: _____
_____	_____	Auto Expenses: _____
_____	_____	Other Expenses: _____

VERIFICATION OF EMPLOYMENT AND TAX RETURN MUST ACCOMPANY THIS APPLICATION

<p><i>(List total family income from all sources.)</i></p> <p>Wages (Gross): _____</p> <p>Unemployment/Workers Comp: _____</p> <p>Child Support/Alimony: _____</p> <p>SSI: _____</p> <p>Social Security: _____</p> <p>Pension: _____</p> <p>Retirement: _____</p> <p>Other Income (please explain): _____</p>	<p>Monthly Income (Head of Household)</p> <p>Please indicate whether wages are Weekly, Bi-weekly, or Monthly</p> <p>_____</p>	<p>Monthly Income (Spouse)</p> <p>Please indicate whether wages are Weekly, Bi-weekly, or Monthly</p> <p>_____</p>
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Type of scholarship requested:

Membership - Please check type: ___ Youth ___ Adult ___ Single Parent ___ Family ___ Sr .Adult ___ Sr Family

Programs - Please check type: ___ Swim Lessons ___ Youth Sports ___ After School ___ Summer Day Camp

___ Teen Camp ___ Swim Team ___ Other Program: _____

What can you afford at this time? Monthly: _____ Have you previously applied for scholarship assistance at the YMCA? Yes ___ No ___

Signature: _____ Date: _____

Please allow 3 weeks processing time!

FOR OFFICE USE ONLY

Scholarship Length _____ Membership Type _____ Total cost of Membership/Program _____

Price to be paid by applicant for Scholarship _____ Annual Amt. _____ Bank Draft Amt. _____ Amt. Awarded _____

Scholarship Program Administrator Signature: _____ Date: _____