PEOPLE HELPING PEOPLE
Scholarship Application

Applicant

Name	Home Phone	DOB
Home Address	City	State	Zip Code

If a child (under 18): Parent's or legal guardian's name(s):

All Persons Living in This Household

Parent/Adult	DOB	Parent/Adult	DOB
Employer		Employer	
Child	DOB	Child	DOB
Child	DOB	Child	DOB
Child	DOB	Child	DOB

Other dependents _____ Age(s) _____

Are you or another adult family member at home during the day?   O yes   O no

Who is to be included on this membership?

Type of Membership (Check (1) type of membership): Family___ Single Parent___ Adult___ Student__ Couple____
Senior Adult____ Senior Couple____

Have you ever participated in a YMCA scholarship program? O yes O no. If yes: when?_____ branch?_____

PLEASE LIST ALL FINANCIAL RESOURCES YOU AND/OR YOUR FAMILY RECEIVE ON A **MONTHLY BASIS**. DOCUMENTATION MUST
BE ATTACHED OR THE APPLICATION WILL BE RETURNED TO YOU.

	Total Gross Wages	Child Support	ADC	SSI	Unemployment	Retirement	Pension	Total
Adult								
Adult								
Children								
Total								

Monthly Value of Food Stamps if applicable _____

Indicate any other assistance (medical aid, child care subsidy, federal or state aid) you and/or you family receives: _____

Total Monthly Income _____

Total Yearly Income _____

THIS APPLICATION MUST BE RENEWED EVERY 6 MONTHS

I certify that the above information is true and correct 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 I or my children must cancel out
participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand if I falsify any
of the above information I will not be eligible for assistance now and/ or in the future.

_____   _____
Signature of Applicant   Date

Office Use Only :Approved/Denied By:_____   Date:_____   Amount Due:_____