



Date Rec'd _____
Rec'd by _____

James Family Prescott YMCA Gymnastics / Dance Scholarship Application

Funds for financial assistance have been made available through the generous contributions of YMCA friends. Please fill out the following information and attach the necessary documents (photocopies only) and return to the James Family Prescott YMCA. Please print all information. Your child will not be considered registered until your approved payment is made accompanied by the appropriate registration form (do not attach registration form to this application) **Applications will be processed only after all information is submitted and application is filled out completely.** Please print legibly.

Name (Head of Household) _____ Phone(s) _____

Address _____ Work Phone _____

City _____ State _____ Zip Code _____ Birthdate _____

Email Address _____

Place of Employment _____ Position _____

Length of Employment _____ Full Time Part Time

<u>Adults / Children Living in Home</u>	<u>Relationship</u>	<u>School/Employer</u>	<u>Birthdate</u>	<u>Age / Grade</u>

Have you ever applied for scholarship assistance at the James Family Prescott YMCA? YES NO

Would you be willing to share how your scholarship has made a difference in your life? Yes No

Why are you applying for scholarship assistance? _____

Child _____	Program _____	Level _____	Cost? _____	Amount you can pay? _____
Child _____	Program _____	Level _____	Cost? _____	Amount you can pay? _____
Child _____	Program _____	Level _____	Cost? _____	Amount you can pay? _____

OVER

Income and expenses should be declared for all those occupants who contribute to or are dependent upon your household. Attach copies for all income and supply a copy of your monthly bank statement for your expenses and copies of all expenses not paid through your bank account. All financial information will remain confidential and will be shredded once your application has been processed.

Gross Monthly Household Income
 Wages, Salaries, and tips (1st adult) \$ _____
 Wages, Salaries, and tips (2nd adult) \$ _____
 Wages, Salaries, and tips (3rd adult) \$ _____
 Unemployment compensation (1st) \$ _____
 Unemployment compensation (2nd) \$ _____
 Social Security compensation \$ _____
 Disability Compensation \$ _____
 Child Support \$ _____
 Aid to dependent Children \$ _____
 Food Stamps \$ _____
 401k/retirement funds \$ _____
 Alimony \$ _____
 Other \$ _____
 Other \$ _____
Total Monthly Income \$ _____
Total Annual Income \$ _____

Monthly Household Expenses
 Rent/Mortgage (circle) \$ _____
 Car Payment \$ _____
 Car Insurance \$ _____
 Utilities \$ _____
 Alimony \$ _____
 Phone/Cable \$ _____
 Cell Phone \$ _____
 Clothing \$ _____
 Food \$ _____
 Child Support \$ _____
 Medical \$ _____
 Childcare \$ _____
 Other \$ _____
Total Expenses \$ _____

I verify that all of the information submitted is correct and accurate.
 I understand that scholarships have an expiration date and that I must reapply to continue receiving financial assistance.
 I understand that it may take up to 2 weeks to process a fully completed application.
I understand that an incomplete application will delay the process.
 I understand that the YMCA's financial assistance has been made through generous contributions of YMCA members, staff, supporters and friends.
 If any situation changes, I agree to notify the YMCA within 30 days.
 If I submit false or inaccurate information, my membership may be terminated from the YMCA.

 Signature of Applicant Date

*******YMCA OFFICE USE ONLY*******

Application Reviewed By _____ Date Reviewed _____

Child _____ Program _____ Scholarship Amount _____ Parent Obligation _____
 Child _____ Program _____ Scholarship Amount _____ Parent Obligation _____
 Child _____ Program _____ Scholarship Amount _____ Parent Obligation _____

Expiration Date _____ Notified by _____ Date _____