



Date Rec'd _____
Rec'd By _____

James Family Prescott YMCA Scholarship Application

Select Scholarship Type

- Aquatics(A) Childcare(C) Dance(D) Gymnastics(G) Membership(M) Sports(S)

Funds for financial assistance have been made available through the generous contributions of YMCA friends. Balance of the approved allocation will be your responsibility and must be paid through our automatic monthly bank draft program. **A \$30 Annual Registration Fee is required for childcare, dance and gymnastics and is not eligible for Scholarship.**

Name (Adult 1/Parent 1) _____ Date of Birth _____

Phone(Home) _____ (Work) _____ (Cell) _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____

Place of Employment _____ Position _____

Length of Employment _____ Full Time Part Time

Student, How many hours? _____

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Name (Adult 2/Parent 2) _____ Date of Birth _____

Phone(Home) _____ (Work) _____ (Cell) _____

Place of Employment _____ Position _____

Student, How many hours? _____

<u>Adults / Children Living in Home</u>	<u>Gender</u>	<u>DOB</u>	<u>Circle Scholarship Type</u>
_____	M F	_____	A C D G M S
_____	M F	_____	A C D G M S
_____	M F	_____	A C D G M S
_____	M F	_____	A C D G M S
_____	M F	_____	A C D G M S
_____	M F	_____	A C D G M S
_____	M F	_____	A C D G M S
_____	M F	_____	A C D G M S

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

OVER

For all working adults within the household, please provide **ONE** of the following:

- ♦One month of current pay stubs
- ♦Tax Return (current year after April 15)

AND

Other Documentation

- ♦Bank Statement
- ♦Proof of government funds (housing, Social Security, disability, etc.)
- ♦Proof of child support payments
- ♦Proof of all other income (contractual work, unemployment, etc.)
- ♦School schedule and ID (if college student)
- ♦Copy of all Tax Return schedules (if self-employed)

Total Monthly Household Income

\$_____ Household's Monthly Gross Income
(before deductions)
 \$_____ Monthly Child Support
 \$_____ Monthly Social Security/Disability
 \$_____ Monthly Government Assistance
(housing/TANF)
 \$_____ Other Monthly Income (e.g. workers comp,
 unemployment, investments, add'l household member)

\$_____ Total Monthly Income

Total Monthly Household Expenses

\$_____ Monthly Rent/Mortgage
 \$_____ Monthly Car Expenses
 \$_____ Monthly Utilities (all)
 \$_____ Monthly Food
 \$_____ Monthly Medical
 \$_____ Other Monthly Expenses

\$_____ Total Monthly Expenses

I certify that all the above information is true and complete to the best of my knowledge. I agree to inform the James Family Prescott YMCA immediately of any changes in income or family size. I understand that false or incomplete information could jeopardize my financial assistance and that **I must reapply every year. Rates will revert to standard pricing at expiration unless a new scholarship is awarded.** I understand, it may take up to two(2) weeks to process a fully completed application. **I understand, an incomplete application will delay the process**

_____ Date _____
 Signature of Applicant

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

SCHOLARSHIP

INCOME VERIFICATION

Membership Portion \$ _____ Weekly Bi-Weekly Twice a Month Monthly
 Join Fee Portion \$ _____ Pay Date _____ Gross Pay _____
 Aquatics Portion % _____ Pay Date _____ Gross Pay _____
 Childcare Portion % _____ Pay Date _____ Gross Pay _____
 Dance Portion % _____ Pay Date _____ Gross Pay _____
 Gymnastics Portion % _____ IRS Tax Return _____
 Sports Portion % _____ Other Income _____
 Total Annual Income _____

Expiration Date _____ Notified by _____ Date _____