



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? _____

=====

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>
_____	<u>M F</u>	_____	<u>A C D G M S</u>
_____	<u>M F</u>	_____	<u>A C D G M S</u>
_____	<u>M F</u>	_____	<u>A C D G M S</u>
_____	<u>M F</u>	_____	<u>A C D G M S</u>
_____	<u>M F</u>	_____	<u>A C D G M S</u>
_____	<u>M F</u>	_____	<u>A C D G M S</u>
_____	<u>M F</u>	_____	<u>A C D G M S</u>
_____	<u>M F</u>	_____	<u>A C D G M S</u>

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 from all accounts
- ◆Copies of all bills (house, utilities, car(s) and insurance, other)
- ◆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 Household Expenses

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

\$_____ **Total Monthly Income**

\$_____ **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**

_____ Signature of Applicant _____ Date

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

SCHOLARSHIP

Membership Portion \$ _____
Join Fee Portion \$ _____
Aquatics Portion % _____
Childcare Portion % _____
Dance Portion % _____
Gymnastics Portion % _____
Sports Portion % _____

INCOME VERIFICATION

Weekly Bi-Weekly Twice a Month Monthly
Pay Date _____ Gross Pay _____
Pay Date _____ Gross Pay _____
Pay Date _____ Gross Pay _____
Pay Date _____ Gross Pay _____
IRS Tax Return _____
Other Income _____
Total Annual Income _____

Expiration Date _____

Notified by _____

Date _____