

Date Rec'd	
Rec'd By	

## **James Family Prescott YMCA Scholarship Application**

☐ Aquatics(A)	☐ Childcare(C)	☐ Dance(D)	☐ Gymnastics(G)	☐ Membership(M)	☐ Sports(S)
Balance of the ap	oproved allocation am. <b>A \$30 Annual</b>	will be your respo	nsibility and must be	rous contributions of YI paid through our autor care, dance and gymna	matic monthly
Name (Adult 1/P	arent 1)			_ Date of Birth	
Phone(Home)		(Work)	(Cell)_		
Address		Cit	У	_ State Zip Code	
Email Address					
Place of Employr	nent		Position		
Length of Employ	yment			Γime □ Part Time	
	any hours?				
Phone(Home)	(W	/ork)	(Cell)		
Place of Employr	nent		Position		
Student, How ma	any hours?				
Adults / Children	Living in Home		Gender DO	<u> Circle Scholarsh</u>	ip Type
			<u>M F</u>	<u>A C D G 1</u>	<u>vi s</u>
			<u>M F</u>	<u>A C D G</u>	<u>M S</u>
			<u>M F</u>	<u>A C D G</u>	<u>M S</u>
			<u>M F</u>	<u>_</u>	<u>M S</u>
			<u>M F</u>	<u>A C D G</u>	<u>M S</u>
			<u>M F</u>	<u>A C D G</u>	<u>M S</u>
			<u>M F</u>	<u>_</u> A	<u>M S</u>
			<u>M F</u>	<u>_</u>	<u>M S</u>
Would you be wi	illing to share how	a scholarship has	made a difference in	your life? □Yes [	⊒No

◆Bank Statement from all accounts ◆Copies of all bills (house, utilities, car(s) and in: ◆Proof of government funds (housing, Social Se ◆Proof of child support payments	curity, disability	, etc.)				
<ul> <li>Proof of all other income (contractual work, un</li> <li>School schedule and ID (if college student)</li> <li>Copy of all Tax Return schedules (if self-employees)</li> </ul>		etc.)				
Total Monthly Household Income	Tota	al Monthly Hou	sehold Expenses			
\$ Household's Monthly Gross Income	\$	Monthl	y Rent/Mortgage			
(before deductions)						
\$ Monthly Child Support		\$Monthly Car Expenses				
\$Monthly Social Security/Disability		\$Monthly Utilities (all)				
\$Monthly Government Assistance		\$ Monthly Food				
(housing/TANF)		\$ Monthly Medical \$ Other Monthly Expenses				
\$Other Monthly Income (e.g. workers unemployment, investments, add'l household n		Other i	viontniy Expenses			
\$ Total Monthly Income	\$	Tota	al Monthly Expense	s		
revert to standard pricing at expiration unless at two(2) weeks to process a fully completed appli process  Signature of A	cation. I unders	=		-		
********YMC	A OFFICE US	SE ONLY***	*****			
SCHOLARSHIP	INCOME VI	OME VERIFICATION				
Membership Portion \$	□Weekly	□Bi-Weekly	☐Twice a Month	□Monthly		
Join Fee Portion \$	Pay Date_	Gro	ss Pay			
Aquatics Portion %	Pay Date_	Gro	ss Pay			
Childcare Portion %	Pay Date_	Gro	ss Pay			
Dance Portion %	Pay Date_	Gro	ss Pay			
Gymnastics Portion %	IRS Tax Ret	urn				
Sports Portion %	Other Inco	me		<del></del>		
	Total Annu	Total Annual Income				
Expiration Date Not	tified by		Date			

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 Description

Other Documentation