

South Bay Family YMCA Scholarship Application

Program applying for

- Membership (type) _____ Swim Team Swim Lessons Martial Arts
 Licensed Care (site) _____ Gymnastics Other _____

Personal

Applicant's Name _____ Date of Birth ____/____/____

Address _____

City _____ Zip _____

Home Phone (____) _____ Work or cell (____) _____

Current Employer _____

Phone (____) _____ Gross Monthly Income \$ _____

Spouse Name _____ Date of Birth ____/____/____

Current Employer _____

Phone (____) _____ Gross Monthly Income \$ _____

Income

Do you receive SSI? **Yes** **No** ,If Yes monthly income \$ _____ please provide statement.

Do you receive child support? **Yes** **No** ,If Yes monthly income \$ _____ even if not court ordered

Do you receive any other income? **Yes** **No** ,If Yes monthly income \$ _____ please provide statement

Dependants

Name	Date of Birth	In Need of Assistance
1. _____	____/____/____	YES / NO
2. _____	____/____/____	YES / NO
3. _____	____/____/____	YES / NO
4. _____	____/____/____	YES / NO
5. _____	____/____/____	YES / NO

General

Are you currently enrolled in school? Yes No Full Time Part Time

Is your spouse currently enrolled in school? Yes No Full Time Part Time

Are either of you receiving financial assistance for school? Yes No

Please share your reason for requesting a scholarship: _____

What can you afford to pay toward the program fee? \$ _____

I understand that the YMCA scholarship program is designed to assist the youth, adults and families who would otherwise be unable to participate or who have a particular need for YMCA programs. I agree to notify the YMCA of any change in my income or ability to pay. I am aware that scholarships are awarded for a maximum of 6 months, after which time it is my responsibility to reapply. I understand that and by signing this form. All information is subject to verification and I agree to provide additional documentation to verify financial need if required.

Signature _____ Date Completed ____ / ____ / ____

Please complete below

ETHNIC CATEGORIES	NUMBER OF ADULTS	NUMBER OF CHILDREN
Hispanic or Latino		
American Indian or Alaska Native		
Asian		
Native Hawaiian or Other Pacific Islander		
Caucasian		
American Indian or Alaska Native and Caucasian		
African American		
African American and Caucasian		
American Indian or Alaska Native and or African American		
Other multiple Ethnicity combinations greater than 1% Please list below: 		

Monthly Budget Worksheet

Rent/Mortgage	\$ _____
Total Monthly Utilities (gas, electric, water phone)	\$ _____
Groceries/Supplies	\$ _____
Credit Cards (include all monthly statement)	\$ _____
Auto (includes maintenance, gas and payment.)	\$ _____
Medical Insurance	\$ _____
Childcare Expense	\$ _____
Miscellaneous Expenses (please explain)	\$ _____
	\$ _____
	\$ _____
Total Monthly Expenses	\$ _____
Total Monthly Income (include work income, subsistence, child support, alimony, and other)	\$ _____

Must turn in completed application with one Month's worth of all income, and copy of 1040 from most recent tax return. Any incomplete application will not be processed. I understand this application can take up to six weeks to process. I certify all information is true and accurate. Any falsification of information can disqualify you from any financial assistance I have read and agree with all above statements.

Signature _____

Print Name _____

Date _____