



# Scholarship Application

## YMCA Financial Assistance Form

**PLEASE READ CAREFULLY BEFORE COMPLETING APPLICATION!**

1. You must complete every section of the application.
2. You must provide proof of residency (*ex. copy of electric bill*) and 6 weeks of ALL income.
3. Full-time students must submit a letter verifying full-time enrollment signed by the registrar's office of their school.

***Incomplete forms and/or missing documents will delay the processing of your application. For questions or inquiries, call 229-244-4646.***

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 Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
 (scholarship recipient)

Social Security # \_\_\_\_\_ Sex \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

For which program are you applying for a scholarship?  Child Care  Membership  Aquatics  Gymnastics  
(Complete Part A&B) (Complete Part B) (Complete Part A&B) (Complete Part A&B)

**PART A: A separate application must be submitted for each child.** -----

Parent Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Parent Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

County Parents Live In \_\_\_\_\_ Single Parent Household \_\_\_ YES \_\_\_ NO (Check ONE)

Reason for Child Care: Employment \_\_\_\_\_ Training/Education \_\_\_\_\_ Both \_\_\_\_\_ Other (\_\_\_\_\_)

**PART B:** -----

Are you or anyone in the household enrolled as a full-time college student or in a training program?  Yes  No

Name of student: \_\_\_\_\_ School attending: \_\_\_\_\_

Does this student receive ANY financial aid?  Yes  No If Yes, what is the amount of assistance? \$ \_\_\_\_\_

Please list **ALL persons** currently living at your address.

First and Last Name	Sex	Relationship to you	Date of Birth



Scholarship Application

To be completed by all applicants:

\*Current Employment information for all residents in your household who are employed.

Full Name	Employer	Employer's Phone#	# Hours Worked/week	Hourly Wage or Salary	Total Monthly income

Other sources of income

Source	Amount	How often paid?
**Alimony/ Child Support		
Fed Program income (SSI, VA, etc.)		
Unemployed benefits		
TANF Income		
Worker's Compensation		
Social Security		
Housing Assistance		
Food Stamps		
Other:		

Summary of Monthly Expenses:

- Rent/Mortgage \_\_\_\_\_
- Groceries \_\_\_\_\_
- Electricity \_\_\_\_\_
- Phone \_\_\_\_\_
- Gas \_\_\_\_\_
- Automobile \_\_\_\_\_
- Insurance \_\_\_\_\_
- Cable \_\_\_\_\_
- Medical \_\_\_\_\_
- Other \_\_\_\_\_

NOTE:

\*All adults in the household must be working (including full-time college students) in order to receive assistance for the YMCA scholarship program.

\*\*You must provide proof that you are actively pursuing Child Support Enforcement services or you will not qualify for Financial Assistance to the Valdosta-Lowndes County YMCA.

The above information must be accompanied by the corresponding verification. Attach the information to the back of this application.

Explain why you or your child would like to be considered for a scholarship at the Valdosta YMCA. Please include any extenuating circumstances not already covered in this application.

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*I do hereby declare that the information provided on this form is complete and truthful to the best of my knowledge. I have attached the requested documentation to verify my monthly household income. I also understand that this application is subject to review by the CEO of the Valdosta YMCA. If approved, this application MUST be renewed upon request. The front office or Director may request a renewal or further information at anytime. However, this application MUST be renewed at the end of one year for membership, or the end of the program applied for (i.e. PrimeTime). Furthermore, I understand that I am obligated to immediately notify the YMCA of any changes in the listed income or circumstances that will affect my eligibility for financial assistance. I understand that any false information provided by me will result in immediate termination of any financial assistance provided by this organization. Finally, I have read and understand this statement.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*It is the desire of the YMCA that no child be turned away due to inability to pay. Funds are made possible through generous private donations as well as by the United Way.*

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## OFFICE USE ONLY

Date received: \_\_\_\_\_ Verification of income received: \_\_\_\_\_

Date processed: \_\_\_\_\_ Verification of residency received: \_\_\_\_\_

By whom: \_\_\_\_\_ Verification of school status: \_\_\_\_\_

Status:        APPROVED                NOT ELIGIBLE

Date applicant was notified: \_\_\_\_\_ Scholarship Beginning Date: \_\_\_\_\_

Membership Type or  
Program approved for: \_\_\_\_\_ Scholarship Ending Date: \_\_\_\_\_

Full Cost  
\$ \_\_\_\_\_

Scholarship Awarded  
\$ \_\_\_\_\_ or % \_\_\_\_\_

Member/Participant Responsibility  
\$ \_\_\_\_\_

