## **Valdosta-Lowndes County Family YMCA**



FOR OFFICE USE ONLY
□ CCC
☐ Reviewed
□ Complete

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.

Date of Application//	School					
Name of Applicant	Date of B	Birth/ Age				
(scholarship recipient)	Cov	Daca/Ethnicity				
Social Security #						
	Work Phone #					
E-mail Address For which program are you applying for a sc	holarship? □ Child Care □ N	lembership □ Aquatics □ Gymnastion  The property of the part A&B (Complete Part A&B) (Complete Part A&B) (Complete Part A&B)				
PART A: A separate application must be s	submitted for each child					
Parent Name	Social Security #					
Parent Name	Social Sec	Social Security #				
Address	City	ZIP				
County Parents Live In	Single Parent Hou	seholdYES 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 o	r in a training program? TYes N				
lame of student:	School attending:					
oes this student receive ANY financial aid?	Yes No If Yes, what is	the amount of assistance? \$				
Please list <b>ALL pers</b>	ons currently living at you	r address.				
First and Last Name	Sex Relatio	nship to you Date of Birth				
1	1 1	1				

## 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 W or Sala		Total Monthly income
		Other sourc	es of income			
	Source		Amount		How of	ften paid?
**Alimony/ Child	Support					
Fed Program inco	me (SSI, VA, etc.)					
Unemployed ben	efits					
TANF Income						
Worker's Compen	sation					
Social Security						
Housing Assistance	ce					
Food Stamps						
Other:						

Rent/Mortgage

Groceries

Electricity

Phone

\*\*You must provide proof that you are actively pursuing Child
Support Enforcement services or you will not qualify for Financial
Automobile

Assistance to the Valdosta-Lowndes County YMCA.

Insurance
Cable

Medical

Other

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mindy and body for all.

Explain why you or your child wo YMCA. Please include any extenu			-		
I do hereby declare that the information knowledge. I have attached the requestion application MUST be renewed upon reinformation at anytime. However, this ship, or the end of the program applies to immediately notify the YMCA of are eligibility for financial assistance. I unimmediate termination of any financial understand this statement.	ested documenta bject to review b equest. The front is application MU ed for (i.e. PrimeT ny changes in the aderstand that ar	ition to verify my my y the CEO of the Va office or Director r IST be renewed at t ime). Furthermore, listed income or ci ny false information	nonthly household income. I also Idosta YMCA. If approved, this may request a renewal or further the end of one year for member- I understand that I am obligated rcumstances that will affect my in provided by me will result in		
Signature of Applicant			Date		
It is the desire of the YMCA that no chil are made possible through generous p	•	, ,			
OFFICE USE ONLY					
Date received:	e received: Verification of income received:				
Date processed:	Verification of residency received:				
By whom:	Verific	Verification of school status:			
Status: APPROVED NO	OT ELIGIBLE	Incomplete:	Income Proof of Residency School Letter		
Date applicant was notified:		<del></del>			
Date letter was sent:		•			
Membership Type or					
Program approved for:		Scholarship Ending Date:			



Member/Participant Responsibility

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

Full Cost