

FOR OFFICE USE ONLY	
<input type="checkbox"/> CCC	_____
<input type="checkbox"/> Reviewed	_____
<input type="checkbox"/> Complete	_____

the 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.

Date of Application ____/____/____ School _____

Name of Applicant _____ Date of Birth ____/____/____ Age _____
(scholarship recipient)

Social Security # _____ Sex _____ Race/Ethnicity _____

Home Phone # _____ Work Phone # _____

E-mail Address _____

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

