

YMCA of the Golden Crescent

Scholarship Application

I am applying for Individual Membership
 (check all that apply) Family Membership
 Program Participation (list program) _____
 Childcare at (circle one) Aloe, Chandler, Deleon, Dudley, Edna, FW Gross, Guadalupe,
 Mission Valley, Pinnacle Pointe, Rowland, Shields, Smith or Vickers

To be considered, this application must be filled out completely. Please print clearly and include all required paperwork listed on the reverse side of this form. You will be notified of your status in approximately 2 weeks. If approved, you must reapply after 1 year.

NOTE: The total household income must be under \$25,000 per year (including benefits). You must have been denied entitlement benefits from the Department of Human Services (CCMS). You must be employed or attending school, unless disabled. Please attach your CCMS denial letter, school schedule, and/or letter proving disability along with this application. Your application cannot be processed until you submit all paperwork.

NOTE: You must attach your 1040 tax form, or 2 current pay stubs and/or proof of government assistance.

PRIMARY HOUSEHOLD WAGE EARNER

Last Name _____ First Name _____ MI _____
 Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ - _____ Employment Part-time (\$ _____ per hour/year)
 Cell Phone (____) _____ - _____ Full-time (\$ _____ per hour/year)
 Work Phone (____) _____ - _____ Employer Name _____

SECONDARY HOUSEHOLD WAGE EARNER and/or SPOUSE

Last Name _____ First Name _____ MI _____
 Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ - _____ Employment Part-time (\$ _____ per hour/year)
 Cell Phone (____) _____ - _____ Full-time (\$ _____ per hour/year)
 Work Phone (____) _____ - _____ Employer Name _____

DEPENDENTS

Name _____ Age _____ Name _____ Age _____
 Name _____ Age _____ Name _____ Age _____

HOUSEHOLD INFORMATION

<i>Monthly Household Income</i>		<i>Monthly Expenses</i>	
Household Wages	\$ _____	Rent/ Mortgage	\$ _____
Worker's Compensation	\$ _____	Utilities	\$ _____
Food Stamps	\$ _____	Food	\$ _____
Child Support	\$ _____	Childcare	\$ _____
Social Security/SSI	\$ _____	Transportation	\$ _____
Other	\$ _____	Medical	\$ _____
Total	\$ _____	Total	\$ _____

Is this a single parent household? No Yes

Have you ever applied for scholarship assistance at the YMCA before? No Yes

Have you ever been a YMCA member? No Yes

Which branch? _____

What is the monthly dollar amount you are willing to and/or have the ability to pay? \$ _____

What volunteer service can you provide the YMCA? _____

Why do you want to join the YMCA? _____

List any special circumstances that you feel should be taken into consideration during the review process:

APPLICANT SIGNATURE: _____ **DATE SUBMITTED:** _____