

**YMCA of Calhoun County
Scholarship Request Form**

Office Use Only:	
Unit # _____	Date Received _____
Time Received _____	Staff Initials _____

Complete the information and return to the YMCA office. Your application will be reviewed and you will be contacted regarding this request. The application process may take **two to four weeks to process**, depending on the amount of information provided and the number of requests submitted.

Adult Applicant Name: _____ Date of Birth _____
Adult Applicant Name: _____ Date of Birth _____

Telephone Numbers: Daytime Phone: _____
Secondary Phone: _____
Email Address: _____

Address: _____ City _____ St _____ Zip _____

Employer: _____ Spouse's Employer: _____

Family size: **Adults** _____ **Children** (0 mos.-23 years) _____

<i>Name(s) of Child/Children</i>	<i>Date(s) of Birth</i>
_____	_____
_____	_____
_____	_____
_____	_____

Check ALL options that apply:

() Request for **Membership Scholarship**: Type of membership
 Adult **Family** **Single Parent Household** **Student** **Youth** **Sr. Adult** **Sr. Couple**
Name(s) to be included on membership (if family membership):

Membership Value: _____ Able to afford: _____

() Request for **Program Scholarship**: **Afterschool** **Aquatics** **Summer Camp** **Preschool**
Member () Non-member ()

Program Value: _____ Able to afford: _____

Monthly gross income from all wages and salaries: \$ _____

Other income (public assistance, child support, social security, alimony, interest, etc.) \$ _____

Your family's total gross income for last year \$ _____

Please provide the following **Required Information**:

- 1) A copy of your **2 most recent pay stubs, and**
- 2) Your most recent **federal income tax form 1040.**
- 3) **If these documents are not available, written proof of income must be documented.**

List any extraordinary family expenses (i.e. medical, alimony, loans, education, etc.) Type and amount.

\$ _____

\$ _____

\$ _____

Please share your reason for needing financial assistance:

Have you previously participated in any programs at the YMCA of Calhoun County?

Have you received any previous scholarships at the YMCA of Calhoun County? If yes, when and for what activities?

****Please consider volunteering some of your time to help the Calhoun County YMCA****

Areas of interest:

Clerical Youth Programs Maintenance/Janitorial
 Child Care Special Population Programs Aquatics
 Specific program: _____
 Others – please describe: _____

Please list special skills, qualifications or certifications that would be helpful to the YMCA:

I certify that the above information is true and complete to the best of my knowledge.

Signature _____ Date _____
(Parent or guardian if under age 19)

Office Use Only

Processed by: _____ Date: _____

The following agreements were reached:

Amount paid by applicant/parent: \$ _____
From scholarship fund: \$ _____
Total: \$ _____

Administrative Checklist
 Scholarship Log
 Notification Letter
 Contract
 Key on DAXKO
 Mailed/Called: _____

Joiner Fee: _____
Exp. Date: _____
6 Month Review: _____
Re-Apply By: _____
Offer Exp.: _____
Percentage: _____
Type of Membership: _____
Unit Number: _____