



## YMCA Scholarship Application for Day Camp and Before & After School

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number(s) Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Number of adults in household: \_\_\_\_\_ Number of children in household: \_\_\_\_\_

### Family Members:

Name (include last, if different)

Birthdate

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |

Household Income (current year): \_\_\_\_\_

Other Income (source and amount): \_\_\_\_\_

Please list any special circumstances for scholarship (i.e. medical bills, unemployment, etc.):

\_\_\_\_\_  
\_\_\_\_\_

What would this scholarship mean to your family? \_\_\_\_\_

\_\_\_\_\_

Are you a current YMCA member? \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note: Proof of income is required. Applicants must have 2 of the 3 income validations listed below to be considered for a scholarship.**

- 1) Current, signed tax return; 2) 2 recent payroll check details for all adult earners in HH;
- 3) Authorization for child care or free/reduced lunch