



People Helping People 6 Month Scholarship Application

Please answer all questions of the application. Be certain to attach all required documents.

APPLICANT INFORMATION

Name	
Mailing Address	
City	
State	Zip Code
Home Phone ()	
Cell Phone ()	
Email	
If an applicant is under 18: Parent or legal guardian's name	

ALL PERSONS LIVING IN THIS HOUSEHOLD

Parent/Guardian/Adult	DOB
Parent/Guardian/Adult	DOB
Child	DOB
Child	DOB
Child	DOB
Child	DOB
Child	DOB
Child	DOB
Other dependent(s)	DOB

MEMBERSHIP

I am applying for financial assistance for:

- Youth
- Young Adult
- Adult
- Family
- Senior
- Senior Couple
- One Parent Family

I am renewing : Y N

FOR OFFICE USE ONLY

APPROVED ___ YES ___ NO

YMCA ___ % MEMBER ___ %

STAFF NAME _____

DATE _____

THIS AWARD LETTER IS VALID FOR 30 DAYS.

FINANCIAL INFORMATION

Please provide your monthly gross income for every applicable item. If \$0 income you must provide a letter stating how you survive financially and how you will pay for the scholarship.

Head of Household Gross Wages, Salary, & Tips (Documentation must be included, Pay Stubs for 1 month) _____

Spouses Gross Wages, Salary, & Tips (Documentation must be included, Pay Stubs for 1 month) _____

Unemployment Compensation (Documentation must be included) _____

Social Security/Disability (Documentation must be included) _____

Child Support (Documentation must be included) _____

Government Assistance (Documentation must be included) _____

Housing Allowance (Documentation must be included) _____

Food Stamps (Documentation must be included) _____

Other Income (Alimony, Interest, Dividends, etc.) _____

Total Gross Monthly _____

Total Gross Annual _____

THIS APPLICATION MUST BE RENEWED EVERY 6 MONTHS

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that if I falsify any of the above information I will not be eligible for assistance now and/or in the future.

Signature of person completing this form _____ Date _____



Returning Scholarship Recipients

Please fill out the following:

Please explain the impact that receiving a scholarship in the past has had or will have on your child, yourself, and your family:

1) How many days a week do you use the YMCA facilities?

Less than 1 2-3 4-5 More than 5

2) What part of the facility do you utilize?

**Child Watch Fitness Center Adult Fitness Classes Sportscenter
Programs Pool Aqua Aerobic Classes Sauna Whirlpool**

3) As a result of having the YMCA scholarship, how much progress have you made in reaching your goals?

Great Deal of Progress Some Progress Little Progress No Progress

4) What suggestions do you have for improving the YMCA or scholarship program ?
