



YMCA of Mount Vernon

People helping People Scholarship Application

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 THE 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)
(If self employed, must provide monthly ledger of payouts) _____

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 _____

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 RECIPIENTS SCHOLARSHIP SURVEY

*Please fill out this survey only if you had previously received a Scholarship.

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

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

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

2) What part of the facility did 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 ?
