

FOR OFFICE USE ONLY	
<input type="checkbox"/> CCC	_____
<input type="checkbox"/> Reviewed	_____
<input type="checkbox"/> Complete	_____



Scholarship Application

YMCA Financial Assistance Form

PLEASE READ CAREFULLY BEFORE COMPLETING APPLICATION!

1. You must complete every section of the application.
2. You must provide proof of residency (ex. copy of electric bill)
3. You must provide 6 weeks of ALL income.
4. Full-time students must submit a letter verifying full-time enrollment signed by the registrar's office of their school.

Incomplete forms and/or missing documents will delay the processing of your application. For questions or inquiries, call 229-244-4646.

Date of Application ____/____/____ School _____

Name of Applicant _____ Date of Birth ____/____/____ Age _____
(scholarship recipient)

Social Security # _____ Sex _____ Race/Ethnicity _____

Home Phone # _____ Work Phone # _____

For which program are you applying for a scholarship? Child Care Membership Aquatics Gymnastics
(Complete Part A&B) (Complete Part B) (Complete Part A&B) (Complete Part A&B)
Circle program: Summer Camp PrimeTime Circle program: Swim Lessons Swim Team

PART A: A separate application must be submitted for each child.

Parent Name _____ Social Security # _____

Parent Name _____ Social Security # _____

Address _____ City _____ ZIP _____

County Parents Live In _____ Single Parent Household ___YES___ NO (Check ONE)

Reason for Child Care: Employment _____ Training/Education _____ Both _____ Other (_____)

Please list **ALL persons** currently living at your address.

First and Last Name	Sex	Relationship to you	Date of Birth

PART B:

Are you or anyone in the household enrolled as a full-time college student or in a training program? Yes No

Name of student: _____ School attending: _____

Does this student receive ANY financial aid? Yes No If Yes, what is the amount of assistance? \$ _____



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To be completed by all applicants:

*Current Employment information for all residents in your household who are employed.

Full Name	Employer	Employer's Phone#	# Hours Worked/week	Hourly Wage or Salary	Total Monthly income

Other sources of income

Source	Amount	How often paid?
**Alimony/ Child Support		
Fed Program income (SSI, VA, etc.)		
Unemployed benefits		
TANF Income		
Worker's Compensation		
Social Security		
Housing Assistance		
Food Stamps		
Other:		

Summary of Monthly Expenses:

- Rent/Mortgage _____
- Groceries _____
- Electricity _____
- Phone _____
- Gas _____
- Automobile _____
- Insurance _____
- Cable _____
- Medical _____
- Other _____

NOTE:

*All adults in the household must be working (including full-time college students) in order to receive assistance for the YMCA scholarship program.

**You must provide proof that you are actively pursuing Child Support Enforcement services or you will not qualify for Financial Assistance to the Valdosta-Lowndes County YMCA.

The above information must be accompanied by the corresponding verification. Attach the information to the back of this application.

