



# APPLICATION FOR SCHOLARSHIP

PLEASE PRINT NEATLY  
NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_  
# STREET CITY STATE ZIP

PHONE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

MALE \_\_\_ FEMALE \_\_\_ EMERGENCY CONTACT \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_ PHONE \_\_\_\_\_

Applying for assistance for (check box on all that apply):  
Membership \_\_\_\_\_ Sports \_\_\_\_\_ Youth/Family \_\_\_\_\_ Other (list program) \_\_\_\_\_

### FAMILY INFORMATION RECORD (FILL OUT COMPLETELY FIRST AND LAST NAME)

NAME	SCHOOL/COMPANY	BIRTHDAY	M/F
SPOUSE			
YOUTH			
YOUTH			
YOUTH			
YOUTH			
YOUTH			
YOUTH			

USE SEPARATE SHEET OF PAPER IF MORE THAN 8 CHILDREN (FILL OUT COMPLETELY)

WHAT TO BRING: WRITTEN DOCUMENTATION (MUST INCLUDE TOTAL HOUSEHOLD INCOME 30 DAYS OF INCOME VERIFICATION)

AFDC	\$ _____	FOOD STAMP AMOUNT	\$ _____
SSI	\$ _____	CHILD SUPPORT	\$ _____
DISABILITY	\$ _____	PAY CHECK STUB	\$ _____
ANNUITY	\$ _____	PENSION	\$ _____
RETIREMENT	\$ _____		

If income is below \$400/month, how are you meeting your needs? \_\_\_\_\_

THE FOLLOWING WILL BE AN AUTOMATIC SUSPENSION OF THE YMCA FACILITY AND PRIVILEGES MEMBERSHIP. THE MEMBERSHIP COMMITTEE WILL REVIEW MEMBERSHIP AT A LATER DATE.

--VERBAL ABUSE --FIGHTING --STEALING --SWEARING --VANDALISM TO YMCA FACILITY

I HAVE READ OR HAVE BEEN READ THE PROCEEDING APPLICATION AND HAVE FILLED OUT TO MY KNOWLEDGE AS COMPLETELY AS POSSIBLE.

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_  
APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_  
Rebecca Immegart

SCHOLARSHIP AMOUNT \$ \_\_\_\_\_ year EXPIRATION DATE: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
\$ \_\_\_\_\_ ACH/Month

PROGRAM AMOUNT: MEMBER-\$ \_\_\_\_\_ NONMEMBER-\$ \_\_\_\_\_

AMOUNT PAID: \$ \_\_\_\_\_ CASH \_\_\_ CC \_\_\_ Check # \_\_\_\_\_  
DATE: \_\_\_\_/\_\_\_\_/20\_\_\_\_ STAFF INITIAL \_\_\_\_\_ TRINEXUM \_\_\_\_\_  
WELLNESS CONSULTATION APT \_\_\_\_\_

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