



San Angelo YMCA Scholarship Application

Apply for a scholarship in 5 easy steps!

1. PARENT/GUARDIAN INFORMATION	2. LIST ALL PERSONS LIVING IN THE HOME		
Name:	NAME	DOB	RELATION
Mailing Address:	1.		
State:	2.		
Home Phone:	3.		
Cell Phone:	4.		
Email:	5.		
Employer:	6.		
Employer #:	7.		

3. I AM APPLYING FOR

Check category for which you are applying.

MEMBERSHIP	<input type="checkbox"/>	ADULT
	<input type="checkbox"/>	SENIOR ADULT (60+ yrs.)
	<input type="checkbox"/>	FAMILY
	<input type="checkbox"/>	SINGLE PARENT FAMILY

PROGRAM	<input type="checkbox"/>	YOUTH SPORTS
	<input type="checkbox"/>	AQUATICS
	<input type="checkbox"/>	CHILD CARE

FOR CHILD CARE APPLICANTS ONLY

Who has custody of the child(ren)?
 Joint Mom Dad
 Foster Guardian

Parent/Guardian #1
 At home Working
 In School (must provide schedule)

Parent/Guardian #2
 At home Working
 In School (must provide schedule)

FOR OFFICE USE:

APPROVED YES NO

PROG. % CC% MEMBERSHIP %

4. TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

I AM SELF EMPLOYED AND DO NOT RECEIVE FUNDS VIA PAYROLL

1040 Federal Tax Form(s) for all incomes in the household

I am an individual filing jointly; I am providing ONE 1040 form

We filed more than ONE tax form in our household; We are providing 1040 forms.

\$ _____

Total Annual Household Income

I receive child support \$ _____ Monthly Amount

I receive government assistance \$ _____ Monthly Amount (proof required)

THIS APPLICATION MUST BE RENEWED 7-10 DAYS BEFORE EXPIRATION DATE.

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 sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

I AM EMPLOYED OR RECEIVE A FIXED MONTHLY INCOME

Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)

\$ _____ x 12 months = \$ _____

Total Annual Household Income

TELL US MORE... Use this space to include additional information or extenuating circumstances that were not included on this application. Attach an additional sheet of paper if needed.

5. _____
 Signature of person completing this form Date