



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:	Marital Status:	2.		
Contact Phone:		3.		
Email:		4.		
Employer:		5.		
2nd Adult:		6.		
Employer:		7.		

3. I AM APPLYING FOR		4. TO BE CONSIDERED FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS DEPENDING ON YOUR CURRENT SITUATION:	
Check category for which you are applying.		↓ I AM SELF EMPLOYED AND DO NOT RECEIVE FUNDS VIA MONTHLY PAYROLL ↓	
MEMBERSHIP	<input type="checkbox"/> ADULT	↓ I AM EMPLOYED OR ↓ RECEIVE A FIXED MONTHLY INCOME	↓
	<input type="checkbox"/> SENIOR ADULT (60+ yrs.)		
	<input type="checkbox"/> FAMILY		
	<input type="checkbox"/> SINGLE PARENT FAMILY		
PROGRAM	<input type="checkbox"/> YOUTH SPORTS	__ 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.	__ 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)
	<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:		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.	
APPROVED __ YES __ NO ____ INITIAL		5. _____	
PROG. % ____ CC% ____ MEMBERSHIP % ____			