



San Angelo YMCA Scholarship Application

Apply for a scholarship in 5 easy steps!

Date received: _____
 Staff initials: _____

1. PARENT/GUARDIAN INFORMATION		2. LIST ALL PERSONS LIVING IN THE HOME INCLUDING APPLICANT		
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

Check category for which you are applying and indicate specific program.

MEMBERSHIP	<input type="checkbox"/>	ADULT
	<input type="checkbox"/>	SENIOR ADULT (60+ yrs.)
	<input type="checkbox"/>	FAMILY
	<input type="checkbox"/>	SINGLE PARENT FAMILY
	<input type="checkbox"/>	YOUTH SPORTS
	<input type="checkbox"/>	AQUATICS
PROGRAM	<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 INITIAL _____

PROG. % _____ CC% _____ MEMBERSHIP % _____

4. TO BE CONSIDERED FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS DEPENDING ON YOUR CURRENT SITUATION:

↓ I AM SELF EMPLOYED AND DO NOT RECEIVE FUNDS VIA MONTHLY PAYROLL ↓	↓ I AM EMPLOYED OR ↓ RECEIVE A FIXED MONTHLY INCOME
<p>___ 1040 Federal Tax Form(s) for all incomes in the household</p> <p>___ I am an individual filing jointly; I am providing ONE 1040 form</p> <p>___ We filed more than ONE tax form in our household; We are providing ___ 1040 forms.</p> <p>\$ _____</p> <p>Total Annual Household Income</p> <p>___ I receive child support \$ _____ Monthly Amount</p> <p>___ I receive government assistance \$ _____ Monthly Amount <i>(proof required)</i></p>	<p>___ Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)</p> <p>\$ _____ x 12 months = \$ _____</p> <p>Total Annual Household Income</p> <p>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.</p>
<p>THIS APPLICATION MUST BE RENEWED 7-10 DAYS BEFORE EXPIRATION DATE.</p> <p>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.</p>	
<p>5. _____</p> <p style="text-align: center;">Signature of person completing this form Date</p>	