



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:	DOB:	NAME	DOB	RELATION
Mailing Address:		1.		
City/State:	Marital Status:	2.		
Contact Phone:		3.		
Email:		4.		
Employer:		5.		
2nd Adult:		6.		
Employer:		7.		

3. CHECK ALL THAT APPLY		4. TO BE CONSIDERED FOR SCHOLARSHIP YOU MUST PROVIDE THE FOLLOWING DOCUMENTS DEPENDING ON YOUR INDIVIDUAL CIRCUMSTANCES.	
Check category for which you are applying and indicate specific program.		↓ I AM SELF EMPLOYED AND DO NOT RECEIVE FUNDS VIA MONTHLY PAYROLL ↓	
M E M B E R S H I P P R O G R A M	<input type="checkbox"/> ADULT	↓ I AM EMPLOYED OR ↓ RECEIVE A FIXED MONTHLY INCOME	↓ 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		
	<input type="checkbox"/> YOUTH SPORTS		
	<input type="checkbox"/> AQUATICS		
	<input type="checkbox"/> CHILD CARE		
FOR CHILD CARE APPLICANTS ONLY		___ Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)	
Who has custody of the child(ren)? <input type="checkbox"/> Joint <input type="checkbox"/> Mom <input type="checkbox"/> Dad		\$ _____ x 12 months = \$ _____ Total Annual Household Income	
Parent/Guardian #1 <input type="checkbox"/> At home <input type="checkbox"/> Working <input type="checkbox"/> In School (must provide schedule)		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.	
Parent/Guardian #2 <input type="checkbox"/> At home <input type="checkbox"/> Working <input type="checkbox"/> In School (must provide schedule)		PROOF OF THE FOLLOWING IS REQUIRED	
FOR OFFICE USE: APPROVED ___ YES ___ NO ___ INITIAL PROG. % ___ CC% ___ MEMBERSHIP % ___		• I receive child support Y / N \$ _____ Monthly Amount • I receive government assistance \$ _____ Monthly Amount	
		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.	
		5. _____ Signature of person completing this form Date	