

# Wilmington Family YMCA - Scholarship Application

## Y Pathways

The YMCA will make every effort to process this application within three weeks. In order to process your application, please submit this form and copies of the following documents:

- ⊗ **2010 Federal Income Tax Return 1040 (If none please explain)**
  - ⊗ **Most recent paycheck stub**
  - ⊗ **Any other awards or income from local, state or federal agencies, i.e., Social Security income, disability income, child support, etc.**
- (Please be sure to include copies for all individuals contributing to household income.)**

**To be completed by parent or guardian if applicant is under 18 years old.**

**We are committed to serving people, regardless of their income, but we expect participants to pay a fee based on their financial ability.**

While we are a non-profit agency, we depend on participant fees to help maintain our services. Based on the available financial resources of the Association, YMCA scholarships will be awarded. Federal Poverty Guidelines determine the amount of assistance that the YMCA may provide. **Applications must be accompanied by proof of family income.**

Applicant: Birth-date: Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employer name: Phone No.: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Number of adults in household: \_\_\_\_\_ Number of children in household: \_\_\_\_\_

Family member's name (last if different) Birth-date Monthly Expenses

1. \_\_\_\_\_ Mortgage/Rent:

Spouse (First & Last Name) Medical:

2. \_\_\_\_\_ M / F \_\_\_\_\_ Utilities:

Children (First & Last Name) (Relationship to Child) Food:

3. \_\_\_\_\_ M / F \_\_\_\_\_ Credit Cards:

Children (First & Last Name) (Relationship to Child)

4. \_\_\_\_\_ M / F \_\_\_\_\_ Insurances:

Children (First & Last Name) (Relationship to Child)

5. \_\_\_\_\_ M / F \_\_\_\_\_ Auto Expenses:

Children (First & Last Name) (Relationship to Child)

6. \_\_\_\_\_ M / F \_\_\_\_\_ Other Expenses:

Children (First & Last Name) (Relationship to Child)

**VERIFICATION OF EMPLOYMENT AND TAX RETURN MUST ACCOMPANY THIS APPLICATION**

	<b>Monthly Income</b> <small>(Head of Household)</small>	<b>Monthly Income</b> <small>(Spouse)</small>
<i>(List total family income from all sources.)</i>	<small>Please indicate whether wages are Weekly, Bi-weekly, or Monthly</small>	<small>Please indicate whether wages are Weekly, Bi-weekly, or Monthly</small>

Wages (Gross): \_\_\_\_\_  
 Unemployment/Workers Comp: \_\_\_\_\_  
 Child Support/Alimony: \_\_\_\_\_  
 SSI: \_\_\_\_\_  
 Social Security: \_\_\_\_\_  
 Pension: \_\_\_\_\_  
 Retirement: \_\_\_\_\_  
 Other Income (please explain): \_\_\_\_\_

**Type of scholarship requested:**  
**Membership - Please check type:** \_\_\_ Youth \_\_\_ Adult \_\_\_ Single Parent \_\_\_ Family \_\_\_ Sr Adult \_\_\_ Sr Family  
**Programs - Please check type:** \_\_\_ Swim Lessons \_\_\_ Youth Sports \_\_\_ After School \_\_\_ Summer Day Camp  
 \_\_\_ Teen Camp \_\_\_ Swim Team \_\_\_ Other Program: \_\_\_\_\_  
 What can you afford at this time? Monthly: \_\_\_\_\_ Have you previously applied for scholarship assistance at the YMCA? Yes \_\_\_ No \_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please allow 3 weeks processing time!**  
**FOR OFFICE USE ONLY**  
 Scholarship Length \_\_\_\_\_ Membership Type \_\_\_\_\_ Total cost of Membership/Program \_\_\_\_\_  
 Price to be paid by applicant for Scholarship \_\_\_\_\_ Annual Amt. \_\_\_\_\_ Bank Draft Amt. \_\_\_\_\_  
 Amt. Awarded \_\_\_\_\_  
 Scholarship Program Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_