

Volusia Flagler Family YMCA Scholarship Application

ELIGIBILITY:

1. Applications will not be accepted unless the application is filled out completely and all required documentation is submitted.
2. Income verification from all adults over the age of 18 living in the household is required.
3. All scholarship awards are time sensitive and expire within 30 days after notification of its award. Applicant must come in to the Y within 30 days to initiate the scholarship. After the 30-day period, the applicant must reapply for a scholarship.
4. A membership scholarship, once approved, is in effect for up to one year. Program scholarships are in effect for 6 months. Candidates must reapply at the end of the awarded scholarship period by submitting newly-updated paperwork.

HOW TO APPLY:

Required documents are listed below *for each adult in the household:*

- A personal letter explaining your need for assistance
- Copy of latest Federal Income Tax Return; OR Copy of Military ID only!
- Letter stating you did not have to file a 1040
- If no 1040, then last 2 months of bank statements
- Copies of other income received for the past 12 months such as, but not limited to: court-ordered child support, subsidized housing, school loans/grants, food stamps, cash assistance, Social Security/SSI/SSD, retirement, pension, bank statements showing income, etc.

PLEASE PRINT CLEARLY

Date of Application: _____

FIRST NAME	M.I.	LAST NAME	BIRTH
ADDRESS		APT.	CITY STATE ZIP
HOME PHONE	CELL PHONE	EMAIL	
EMPLOYER	PHONE NUMBER		
SUPERVISOR	LENGTH OF EMPLOYMENT		

SECONDARY ADULT INFORMATION

FIRST NAME	M.I.	LAST NAME	BIRTH
ADDRESS		APT.	CITY STATE ZIP
HOME PHONE	CELL PHONE	EMAIL	
EMPLOYER	PHONE NUMBER		
SUPERVISOR	LENGTH OF EMPLOYMENT		

DEPENDENT(S)/CHILD(REN):

NAME	AGE	GENDER	SCHOOL	DATE OF BIRTH
		M / F		
		M / F		
		M / F		
		M / F		
		M / F		

PLEASE SEE OTHER SIDE

Please allow up to 14 calendar days for processing once all documentation has been submitted.

Please answer the following questions:

For what scholarship are you applying?

Membership: __Youth; __Young Adult; __Adult; __Senior; __Single Parent; __Household; __Senior Household

Childcare/Day Camp

Program: YMCA Camp Winona

Have you ever applied for a scholarship with the YMCA? Yes No

If yes, at which YMCA and for what program(s): _____

What is your preferred contact method? E-mail Local Phone Postal/Mail Staff: _____

The Y strives to make our programs available to all who will benefit from them, regardless of their ability to pay the full price of the program. By providing all of the following information, and the required documentation, you will help us to meet this goal. This information is kept confidential and will not be used for any other purpose.

GROSS ANNUAL SALARY	\$
UNEMPLOYMENT COMPENSATION	\$
SOCIAL SECURITY, DISABILITY, SSI	\$
CHILD SUPPORT	\$
AID FOR DEPENDENT CHILDREN	\$
FOOD STAMPS	\$
RETIREMENT/PENSION	\$
ALIMONY	\$
SCHOOL LOANS/GRANTS	\$
OTHER:	\$
TOTAL	\$

PLEASE NOTE:

Please read the following and sign below:

I hereby certify that the information in this application is true, accurate, and complete to the best of my knowledge. I agree to notify the YMCA if my financial status changes. I understand the YMCA reserves the right to deny all or partial assistance to any applicant based on the review of the information submitted.

Signature of Applicant

Date

For Office Use:

Annual Income: \$ _____ Dependents: _____ Verified By: _____

Scholarship % Approved: _____