



Program Scholarship Aid Application

One Form Per Family

This application is for review purposes only and is not to be used for issuing or verifying scholarship aid.

***This Form must be submitted 2 weeks prior to the session you are applying for
Please note that Perfect Attendance coupons cannot be applied to scholarship programs.***

Step #1 – Fill out information requested below

Member No. _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Employer _____ Phone _____

Spouse's Employer _____ Phone _____

Family Size _____ Marital Status: Single Married Divorced/Separated Widowed

Step #2 – APPLICANT RESPONSIBILITIES: Please read and provide the following:

COST: Sliding fee based upon family size and income.

Please attach verification of annual household income.

What is the total annual income earned in salary or received in benefits for all of the people in your household?

\$ _____ (Annual)

What special circumstances exist which prompt the need for scholarship aid?

Step #3 – Complete Program Scholarship Aid: One Session

One class per participant per session

Information regarding people requesting program scholarship aid:

Name: _____ Age _____ Class # Requested _____

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I certify the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false information could jeopardize my financial assistance. I understand and will adhere to the above guidelines set forth by the YMCA Scholarship Committee.

Signed: _____ Date _____

(Parent or guardian must sign)

Step #4 – Turn this form in at the Front Desk and wait for a letter of confirmation.

Revised 8/08

Side Two for Department Use only

Program Scholarship Aid - For Department Use Only Follow-Up -- Note all that apply	
Class Registration #:	Date Received:
Cost of Class:	Date Approved:
Amount Participant is paying:	Date Denied:
Session and Year:	Date Letter Sent/Issue Date:
	Staff person's name:

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