



# SCHOLARSHIP APPLICATION

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Parent/Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Type of membership you are requesting (check one)		
<input type="checkbox"/> Youth	<input type="checkbox"/> Young Adult	<input type="checkbox"/> Individual
<input type="checkbox"/> One Adult Family	<input type="checkbox"/> Family/Couple	
Type of program		
<input type="checkbox"/> Aquatics	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Youth Sports
<input type="checkbox"/> School Age Care (Location _____)		
<input type="checkbox"/> Early Learning Center (Location _____)		

HOUSEHOLD MEMBERS (include spouse/partner and legal dependents)	Relationship	Date of Birth	Age

Please give a brief explanation of **why** you need financial assistance, **length of time** requested and **amount** you would be able to pay month. (Attach a separate sheet if needed).

\_\_\_\_\_

### INCOME INFORMATION (Please use GROSS income information, before taxes.)

Applicant's Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_  
 Full Time  Part Time /Paid:  Weekly  Bi-Weekly  Monthly Hours per week \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_  
Spouse/Partner Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_  
 Full Time  Part Time Paid:  Weekly  Bi-Weekly  Monthly Hours per week \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

If you receive any of the following, please fill in the MONTHLY amount:

Child support \$: \_\_\_\_\_ Alimony \$: \_\_\_\_\_ SSI/SSD\$: \_\_\_\_\_ Retirement \$: \_\_\_\_\_

TOTAL MONTHLY GROSS INCOME FROM ALL SOURCES \$ \_\_\_\_\_

Please ensure the following items are included with your request. Incomplete applications will be returned.

- \_\_\_ Copy of most current income tax return or proof of filed extension
- \_\_\_ Copy of applicant's driver's license or government-issued ID card
- \_\_\_ Copy of last four paystubs/social security or disability statement/or other income
- \_\_\_ Copy of current class schedule if claiming student status

If you are unable to submit the documentation noted above, a letter of explanation must accompany this financial scholarship application. Please allow up to two to process your application.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## TO OBTAIN A SCHOLARSHIP

Complete the application on the reverse side of this document.

Please answer all questions completely. Incomplete applications will be returned.

### Scholarship Checklist

All documentation below is required in addition to your completed application:

- ┌ Copy of most current income tax return or proof of filed extension
- ┌ Copy of applicant's driver's license or government-issued ID
- ┌ Copy of last four paystubs/social security or disability statement/or other income
- ┌ Copy of current class schedule if claiming full-time student status (no income/non-dependent)

If you are unable to submit complete documentation noted above, a letter of explanation may be included in this financial scholarship application for consideration.

It may take up to two weeks to process your application.

### HOW WE ARE ABLE TO PROVIDE SCHOLARSHIPS

YMCA of Southwest Florida is a charitable, nonprofit organization committed to helping people grow in spirit, mind and body. Our Y believes that our programs and services should be available to everyone. Thanks to the many supporters of YMCA of Southwest Florida and the United Way, we are able to provide financial assistance through our scholarship program.

## SCHOLARSHIP PROCESS

▶ YMCA scholarships are based on federal poverty guidelines. The scholarship amount is based on number of household dependents and gross annual household income (Before taxes or any deductions), including all non-employment income such as child support, retirement, disability.

If you have no current household income you may apply for a temporary scholarship for up to 4 months.

▶ Scholarships generally do not exceed 50% for membership and programs. Scholarships are subject to approval, funding availability, and program space availability.

▶ Scholarships expire annually and can be renewed upon re-application.

If your scholarship is approved, you will receive notification by mail. To receive your scholarship, you must initial and sign your form and return it to the YMCA before your scholarship will become active.

▶ If your household income changes you may contact us to see if changes can be made to your existing scholarship.



[www.ymcaswfl.org](http://www.ymcaswfl.org)



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# SCHOLARSHIP PROGRAM

## Financial Assistance for...

- ▶ Youth, individuals, and families on limited incomes.
- ▶ Families or adults who are temporarily unemployed, overwhelmed by medical bills or are experiencing other temporary financial difficulties.

## YMCA of Southwest Florida Serving:

**Bonita Springs  
Englewood  
Ft Myers/Hendry & Glades  
Counties  
Port Charlotte  
Punta Gorda  
Venice**