



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)

Youth Young Adult Individual

One Adult Family Family/Couple

Type of program

Aquatics Gymnastics Youth Sports

School Age Care (Location _____)

Early Learning Academy (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.



www.ymcaswfl.org

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.



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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
Bradenton
Englewood
Fort Myers
Lakewood Ranch
Port Charlotte
Punta Gorda
Venice
And Surrounding Areas**