



WARREN COUNTY YMCA SCHOLARSHIP APPLICATION
Scholarships sponsored by the United Fund of Warren County

Date _____

SCHOLARSHIP REQUIREMENTS:

Application must be filled out completely. Please print clearly and include paperwork listed on this form.
All photocopies must be provided by applicant when submitting the application. Application will not be returned.

I am applying for:

Membership: ___ Family ___ Single Parent Family ___ Adult ___ Senior Citizen ___ Senior Citizen Family
___ Youth ___ Senior High/College ___ Other _____

Program: _____

Please refer to our website for program information: www.warrenymca.org

Child Care _____

APPLICANT INFORMATION: Print legibly

Last Name _____ First Name _____ Phone _____
Address _____ Apt # _____ City _____ State _____ Zip _____
Email Address _____ Date of Birth _____
Employer _____ Employment Status (full or part time) _____
Hourly Wage \$ _____ Annual Income \$ _____ # of Dependents (all persons living in household) _____

SPOUSE OR OTHER WAGE EARNER (living in household**) INFORMATION: Print legibly**

Last Name _____ First Name _____ Phone _____
Date of Birth _____ Employer _____

Household Occupant _____	DOB _____	Household Occupant _____	DOB _____	Household Occupant _____	DOB _____
1. _____	_____	2. _____	_____	3. _____	_____
4. _____	_____	5. _____	_____	6. _____	_____

MANDATORY: SUBMIT PHOTOCOPIES OF THE FOLLOWING MONTHLY HOUSEHOLD INCOME:

ITEMIZED HOUSEHOLD ANNUAL INCOME

- | | |
|--|----------|
| 1. 2019 TAX RETURN (or 2019 W2) | \$ _____ |
| 2. (1) month current pay stub/wages/tips | \$ _____ |
| 3. Workman’s Compensation | \$ _____ |
| 4. Unemployment Compensation | \$ _____ |
| 5. Social Security/SSI Compensation | \$ _____ |
| 6. Child Support/Alimony Verification | \$ _____ |
| 7. Food Stamp Verification | \$ _____ |
| 8. 401K/Pension Retirement | \$ _____ |

In the space provided below please provide a letter explaining why the YMCA will be beneficial to you. Please list any special circumstance that you feel should be taken into consideration during the application review. If there are discrepancies in income please explain in letter below.

AMOUNT I CAN PAY TOWARD THIS MEMBERSHIP: \$ _____ **PROGRAM:** \$ _____

Have you ever been a YMCA member? Yes / No If yes, Location: _____

Have you ever been convicted of a crime? Yes / No If yes, explain: _____

All eligible scholarship applicants will be required to perform volunteer services.

What volunteer services will you provide to the YMCA? _____

In completing this application and signing it, I certify that the information supplied herein is true, accurate and complete to the best of my knowledge and I grant the Y permission to verify information contained herein.

Signature of Application (parent or guardian if under 18) _____ Date _____

If you have questions regarding this application please contact Cathy Peterson, Staff Director at (814) 726-0110 ext. 114 or cathy@warrenymca.org

INTERNAL USE ONLY

Date Received _____ Name of YMCA Staff Accepting Application _____