



SCHOLARSHIP APPLICATION POLICY

Scholarships sponsored by the United Fund of Warren County and the YMCA

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2024

CHECK BOX BELOW INDICATING ALL INCOME PROVIDED IN APPLICATION

- INCOME VERIFICATION** - Provide copies of all household income. Copies will not be returned.
- TAX RETURN** – Mandatory. If you have not filed yet or have filed for an extension, a copy of W2 can be used.
- PAY STUBS** – One month of current pay stubs/wages/tips – required for all individuals working in the household.
- CHILD SUPPORT/ALIMONY** – Received income only. If payee is in arrears, please explain. If you do not receive child support, please explain in letter.
- FOOD STAMPS** – Verification is required. Contact caseworker assigned to you for “Compass Support” verification. If you do not receive food stamps, please explain in letter.
- SOCIAL SECURITY/SSI** – Original statement is preferred however if income is deposited into your bank account by direct deposit, a current bank statement is acceptable.
- LETTER** – In the space provided provide a brief letter explaining any discrepancies in income verification and as to why you are requesting assistance.
- WORKMAN’S COMPENSATION** – If received. Submit beginning and end dates.
- UNEMPLOYMENT COMPENSATION** – If received. Submit beginning and end dates.
- 401/PENSION RETIREMENT** – Retired only

If you have any questions regarding this application process please contact Jennifer Pojar, Membership Coordinator at (814) 726-0110 or email jennifer@warrenymca.org



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Application *MUST* be completed and signed. All photocopies must be provided by applicant when submitted the application. Application/income copies will not be returned.

Membership Type applying for:

- SINGLE PARENT FAMILY ADULT SENIOR CITIZEN YOUTH
 SENIOR CITIZEN FAMILY FAMILY SR.HIGH/COLLEGE OTHER

APPLICANT INFORMATION:

LAST NAME _____ FIRST _____ PHONE (____) _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL _____ DATE OF BIRTH ____/____/____

EMPLOYER _____ EMPLOYMENT STATUS _____

SPOUSE/OR OTHER WAGE EARNER (LIVING IN HOUSEHOLD) INFORMATION:

LAST NAME _____ FIRST _____ PHONE (____) _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL _____ DATE OF BIRTH ____/____/____

EMPLOYER _____ EMPLOYMENT STATUS _____

ADDITIONAL HOUSEHOLD OCCUPANTS:

NAME _____ DATE OF BIRTH ____/____/____ AGE _____ WORKING Y / N

NAME _____ DATE OF BIRTH ____/____/____ AGE _____ WORKING Y / N

NAME _____ DATE OF BIRTH ____/____/____ AGE _____ WORKING Y / N

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

*Not all Y programs are available for assistance. Please list Name of participant/Program type in space provided.

- AQUATICS-** PROGRAM NAME: _____ PARTICIPANTS NAME: _____
PROGRAM NAME: _____ PARTICIPANTS NAME: _____
- SPORTS -** PROGRAM NAME: _____ PARTICIPANTS NAME: _____
PROGRAM NAME: _____ PARTICIPANTS NAME: _____
- FITNESS-** PROGRAM NAME: _____ PARTICIPANTS NAME: _____
PROGRAM NAME: _____ PARTICIPANTS NAME: _____
- CHILD CARE-** PROGRAM NAME: _____ PARTICIPANTS NAME: _____
PROGRAM NAME: _____ PARTICIPANTS NAME: _____

LETTER:

VOLUNTEERISM: All applicants are required to perform volunteer services. Please select from list provided.

- RACES** **JANITORIAL** **SWIM MEETS** **HOLIDAY EVENTS**
- OUTSIDE LANDSCAPING** **COACHING** **BOOK SALE**
- TRASH AND TREASURE SALE** **GYMNASTIC EQUIPMENT SET UP TUE/THUR**
- OTHER (LIST)** _____

In completing this financial assistance application and signing it, I certify that the information provided herein is true, accurate and complete and I grant the YMCA of Warren County permission to verify information contained herein.

Signature of Applicant (Parent of legal guardian if under 18)

Date