



## **SCHOLARSHIP APPLICATION POLICY**

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

*FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY*

### **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](mailto: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](http://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:**

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**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