

Decatur County Family YMCA SCHOLARSHIP APPLICATION

Instructions

1. Proof of income in form of pay stubs and/or tax returns **MUST ACCOMPANY** the attached application for all persons living in the household that contribute money to living costs. If applying for child care subsidy for more than one child, a scholarship application must be completed for each child.
2. A registration form must accompany the scholarship application, if applicable.
3. Since a limited amount of funds are available, priority will be given to those participants with the greatest need. This will be determined by: A) income, B) a participant's availability to attend on a regular basis, and C) if the persons applying for a scholarship are working or attending school on a full-time basis.
4. Funds will be awarded on a first come, first serve basis.
5. A sliding scale will be used. Participants will be responsible for paying the remaining cost of the fee in a timely manner.
6. Participants wishing to participate in the scholarship awards must submit the attached application completely. The Executive Director/CEO will then review the application. The application will be processed within 7 – 14 working days.
7. If a participant's enrollment drops or payments are not made in a timely manner, he/she can lose the subsidized amount.
8. If the program you are applying requires a registration fee, the fee is the responsibility of the person applying for the scholarship.

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Instructions: Proof of income in the form of pay stubs or tax returns must accompany this application. One form per child must be completed. This form must be completed in its entirety.

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City, State: _____ Zip Code: _____

Program or Membership for which assistance is requested: _____

To be completed if applicant is a child:

Father's Name: _____ Work Phone: _____

Place of Employment: _____

Mother's Name: _____ Work Phone: _____

Place of Employment: _____

List all household members:

NAME	DOB	Last 4 Digits of Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MONTHLY INCOME: Applicant/Parent/Guardian 1 Applicant/Parent/Guardian 2

Total Gross Earnings from work: _____

Number of Pay Periods Per Year (select one): 12 24 26 52 12 24 26 52

Social Security Pension or Retirement (per month): _____

Unemployment or Worker's Comp (per month): _____

Welfare or Child Support (includes assistance from Child Care Council): _____

All Other Income: (Food Stamps, etc.) _____

Total Monthly Gross Income: _____

I hereby certify that the information supplied herein is true and complete to the best of my knowledge. I understand that if paycheck stubs and tax returns are not submitted with the application, it may cause a delay in the subsidy award process.

Applicant's Signature: _____ Date: _____

For Office Use Only

_____ Is scholarshipped _____ %

_____ Has been approved for the amount of \$_____ per week/session/month

_____ Is pending approval due to the following reason(s):

_____ Has not been approved due to the following reason(s):

Director's Signature: _____ Date: _____