



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SCHOLARSHIP APPLICATION

RICHMOND FAMILY YMCA

PLEASE INDICATE THE TYPE OF APPLICATION YOU ARE FILING:

RENEWAL _____ NEW REQUEST _____

NAME OF APPLICANT: _____ DATE OF APPLICATION: _____

OTHER HOUSEHOLD MEMBERS:	RELATIONSHIP TO APPLICANT: <small>(Dependent children must be under age 18 or full-time students under age 25)</small>	GRADE & SCHOOL:

HOME ADDRESS: _____
(number and street) (city and state) (zip code)

EMAIL: _____ HOME/CELL PHONE: _____

EMPLOYER (APPLICANT): _____ HIRE DATE: _____

EMPLOYER (SPOUSE): _____ HIRE DATE: _____

INCOME (MONTHLY)	TOTAL AMOUNT	OFFICE USE ONLY
Wages, Salaries & Tips	\$	
Unemployment Compensation	\$	
Social Security	\$	
Child Support	\$	
Food Stamps	\$	
Public Assistance	\$	
Alimony	\$	
Total Income	\$	

TOTAL # OF PEOPLE LIVING IN HOUSEHOLD: _____ TOTAL # OF ADULTS: _____

TYPE OF ASSISTANCE REQUESTED:

_____ ADULT MEMBERSHIP _____ FAMILY MEMBERSHIP _____ STUDENT MEMBERSHIP
 _____ OLDER ADULT MEMBERSHIP _____ YOUTH SPORTS _____ YCARE _____ DAY CAMP



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MONTHLY AMOUNT HOUSEHOLD CAN AFFORD TO PAY \$ _____

HOW DID YOU HEAR ABOUT THE Y'S SCHOLARSHIP PROGRAM? (check one)

Friend Newspaper Radio Brochure Other _____

Additional Information:

1. Are you a single-parent household? Yes No
2. Have you ever applied for a scholarship at a YMCA before? Yes No
If yes, which YMCA? _____
3. Have you ever volunteered at a YMCA? Yes No
If yes, in what position and how many hours? _____
4. Why are you applying for a scholarship? _____

5. What benefits do you see in having a membership to join this YMCA?

Did you provide?

- Documentation of all income for the household. (pay stubs, SS/SSI/VA award letter, proof of child support, 1040 Schedule C if self-employed)
- Proof of dependent children if over age 18 and in school full-time (college schedule/transcript)
- Current phone number/email address for us to contact you.
- Did you sign the bottom of the application?

If we do not receive all the information needed, the application will be returned to you. Please allow a minimum of two weeks for this application to be processed by the YMCA. You will be contacted once eligibility is determined.

The above information is certified to be correct to the best of my knowledge, and I have read and understood the guidelines of this scholarship program.

Signature: _____ Date: _____