



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

People Helping People

Scholarship Application

Apply for a People Helping People Scholarship in 5 easy steps!

Application Information
 Name: _____ DOB: _____
 Mailing Address: _____

 City: _____
 State: _____ Zip Code: _____
 Home Phone: _____
 Cell Phone: _____
 Email: _____
 If applicant is under 18, parent's or guardian's name: _____

Household Information
 Mark and list family member applying for assistance.
 ___ Parent/Guardian/Adult
 ___ Parent/Guardian/Adult
 ___ Child _____ DOB _____
 ___ Child _____ DOB _____
 ___ Child _____ DOB _____
 ___ Child _____ DOB _____
 ___ Other Dependent(s) _____

 Ages _____

I Am Applying For...
 Mark category for which you are applying
 ___ Young Adult (Under 24)
 ___ Adult (Ages 25+)
 ___ One Adult + Child(ren)
 ___ Two Adults + Child(ren)
 ___ Two Adults/Couple
 ___ Other
 ___ Child Care
 ___ Camp

You must provide ONE of the Following Documents:

I AM PROVIDING MY 1040 TAX FORM
 ___ 1040 Federal Tax Form(s) for all incomes in household
 ___ I am an individual filing jointly; I am providing ONE 1040 form
 ___ We filed more than ONE tax form in our household; We are providing ___ 1040 forms.
 \$ _____
 Total Annual Household Income

I AM PROVIDING 30 DAYS OF INCOME
 ___ Documents showing most recent 30 Days of Income (including pay stubs or documentation of government assistance.)
 (30 Days Income x 12 Months)
 \$ _____ x 12 Months =
 \$ _____
 Total Annual Household Income

Office Use Only
 Approved: YES NO
 Staff Name: _____
 Date: _____
 Notes from Membership Admin:

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS
 I certify that the above information is true and complete to the best of my knowledge and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. If I or my children must cancel our participation, I will contact the YMCA immediately, so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of Person Completing Form _____ Date _____

Attach all applicable financial documents & turn into the YMCA Front Desk