

## SOUTHEAST VENTURA COUNTY YMCA Financial Scholarship Application

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

The Southeast Ventura County YMCA builds relationships, impacts lives and strengthens our community through youth development, healthy living and social responsibility. All scholarships are based on family size, income and awarded on a sliding scale.

Proof of income is required for all adults in household. Proof of dependency is required for all children on membership or enrolled in program. Financial Scholarships for membership must be reviewed annual and all program scholarships will be reviewed every 6 months.

Type of Scholarship Applying for: () Membership: () Program please list program:

### **SECTION A - GENERAL INFORMATION**

First Adult						
Legal First Name	MI	Last N	ame			
Street Address		Apt#	City _		State	Zip code
Email address		Phone				(Mobile or Home)
(For YMCA communications only - Award Letters are sent v	ia email	)				
				( ) Male	() Female Date	e of Birth//
Second Adult						
Legal First Name	MI	Last N	ame			
Street Address		Apt#	City _		State	Zip code
Email address		Phone				(Mobile or Home)
(For YMCA communications only - Award Letters are sent v	/ia email	)				
				() Male	() Female Date	e of Birth//
What is your annual household income?						
How many adults are in your household? Ho	ow many	dependents	;?		What you can af	ford?
Do you receive government assistance: ( ) YES ( ) NO	P	rovide name	of gove	ernment prog	ram	
SECTION B: DEPENDENT INFORMATION						
Full Legal Name (First, MI, Last)	G	iender:		Birth Date	: Relation	ship to Applicant
1.	(	) M () I	F	/ /		

2.	 ()M ()F	//	
3.	 ()M ()F	//	
4.	 ()M ()F	//	
5.	 ()M ()F	//	

### SECTION C: FINANCIAL SCHOLARSHIP - INCOME VERIFICATION GUIDELINES

Income must be provided for each adult on the membership; children may be counted as dependents until age of 24 but parent/ guardian must maintain proof of dependency. All documentation must to be submitted prior to start of membership or program. Failure to submit all the required documentation a financial scholarship cannot be awarded. If you are unable to provide required documents and still feel you qualify please contact your YMCA branch to discuss options.

PROVIDE ONE DOCUMENT FROM LIST			AND PROVIDE TWO DOCUMENTS FROM LIST			
	Federal tax return document (1040) for all adults in household.		2 Pay Stubs for each working adult that are current and consecutive		Social Security income (SSI)	
_					Social Security Disability Income	
	Self-Employed 1040 income on Schedule C (most recent year)		W2 for all adults in household		(SSDI)	
	Provide Verification of Non-filing Letter from the IRS		Proof of Income from your employer for all adults in household (Letter must be on company letter head) 2 Current retirement income check		Unemployment statement showing most recent 2 payments	
	(visit www.irs.gov/individuals/get- transcript)				Workers Compensation award letter	
transcript,			stubs			



# SOUTHEAST VENTURA COUNTY YMCA Financial Scholarship Application Continues

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### **SECTION D - CIRCUMSTANCES**

Please use the space below to tell us why you should be considered and reasons for requesting financial scholarship for YMCA membership and programs. This information is helpful to the YMCA in determining need.

### **SECTION E - APPROVAL TO PROCESS**

By signing, you agree that all the information provided is correct, complete and accurate. All Supporting documents must be supplied for application to be reviewed for processing.

Signature

Date

### **SECTION F - STAFF USE ONLY**

Income	Adult 1 Monthly	Adult 2 Monthly			
Employment	\$	\$			
Self– Employment	\$	\$			
SS/SS Disability/ Worker Ccmp	\$	\$			
Retirement Income	\$	\$			
Total Monthly Income	\$	\$			
Combined Household <u>ANNUAL</u> Income	\$				
Scholarship Rate Awarded:   Date Awarded:     Notes:					