

# Watertown Family YMCA

## Scholarship Application for Programming

Parent Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Active Duty Military:    Yes                      No

Address: \_\_\_\_\_  
 \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have a YMCA Membership?    Yes                      No                      Applying

If so, do you receive financial aid?    Yes                      No                      Applying

If so, which type?

Number of adults in the household: \_\_\_\_\_    Number of Children in the household: \_\_\_\_\_

Are your dependents currently enrolled in SACC/YMCA Daycare?    Yes                      No

What is the best way to contact you regarding your scholarship?    E-mail                      Phone

Member Number:

Amount Awarded:

Notes:

Child's Name:	Date of Birth:	Program Interest:	Indoor Soccer: Yes    No
Child's Name:	Date of Birth:		Indoor Soccer: Yes    No
Child's Name:	Date of Birth:		Indoor Soccer: Yes    No
Child's Name:	Date of Birth:		Indoor Soccer: Yes    No
Child's Name:	Date of Birth:		Indoor Soccer: Yes    No

### Financial Information:

Your YMCA program scholarship is based on income, expenditures and need. This information must be completed in full. **Proof of income must be provided once per year for all program scholarship applications.** Inaccurate or missing information will delay your scholarship.

Gross Monthly income (Include ALL sources):	Electric:	Medical:	Groceries:
Rent/Mortgage:	Car Payment:	Car Insurance:	Credit Cards:
Gas:	Phone:	YMCA Membership:	Child Support:
Cable/Internet:	Student Loan:	Other (please specify):	

I declare that I have accurately and completely provided the information requested and am submitting this information on my own volition. I understand that I must inform the YMCA of changes in my income status and that these changes may be reflected by a change in scholarship value. I understand that all changes must be made in person and that all requests require 1 week for processing.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_