



SCHOLARSHIP APPLICATION

***SCHOLARSHIPS ARE AVAILABLE TO YMCA MEMBERS ONLY.**

The YMCA is a non-profit agency that depends on participant fees to maintain our services. We are committed to serve everyone regardless of income level, but expect participants to pay a fee based on financial ability. Thanks to many generous individuals and companies in Lake County, we are able to provide various degrees of financial assistance for our camp program. YMCA scholarships are awarded based on financial resources of the association and verification of application information that is submitted.

Application Steps:

- Complete the ENTIRE application. If areas are left blank, you may not be awarded scholarships for weeks that you desire. This is the responsibility of the applicant.
- Return completed application with ALL income verification.
- DEADLINE FOR ALL SCHOLARSHIP REQUESTS IS **MAY 1, 2010.**

Parent Name _____

Requesting Scholarship(s) for:

NAME OF CHILD	AGE	BIRTHDATE	WEEK #(s) requested*

** Due to the volume of scholarship requests we receive, the maximum allotment per child is two weeks.*

Why does your child wish to attend camp? _____

Has your child attended Day Camp before? _____ When? _____

How did you first hear of the camp scholarship program? _____

If your child does not receive a scholarship, how will you pay for camp? _____

YMCA Membership # _____ - _____ - _____ (MUST BE FILLED OUT)

ALL INFORMATION ON THE BACK OF THE SHEET MUST BE FILLED OUT COMPLETELY.

FINANCIAL ABILITY

In order for the YMCA to determine scholarship awards, we need the following information. If you circle "YES" for any categories, you **MUST** provide verification. The information you provide on this sheet is strictly confidential and will only be viewed by appropriate personnel.

OF PEOPLE IN HOUSEHOLD _____

- | | | | |
|--|-----|----|----------------|
| ➤ Are you currently receiving ADC? | Yes | No | \$ _____/month |
| ➤ Are you receiving food stamps? | Yes | No | \$ _____/month |
| ➤ Are you receiving Social Security benefits? | Yes | No | \$ _____/month |
| ➤ Are you receiving veteran's benefits? | Yes | No | \$ _____/month |
| ➤ Are you receiving child support? | Yes | No | \$ _____/month |
| ➤ Are you receiving spousal support? | Yes | No | \$ _____/month |
| ➤ Are you employed? | Yes | No | \$ _____/month |
| ➤ Is your spouse employed? | Yes | No | \$ _____/month |
| ➤ Are you or spouse receiving unemployment benefits? | Yes | No | \$ _____/month |
| ➤ Any other income | Yes | No | \$ _____/month |

Please list any other special considerations: _____

VERIFICATION OF ALL INCOME MUST ACCOMPANY THIS APPLICATION

PLEASE READ THE FOLLOWING:

- *I understand that I am not guaranteed a scholarship for my child.*
- *I, hereby, certify that all information provided is true to the best of my knowledge.*

Signature of parent/legal guardian _____ Date _____

PARENT / GUARDIAN NAME _____

ADDRESS _____

CITY, STATE, ZIP _____ PHONE: _____

YOU WILL BE NOTIFIED BY JUNE 2.

OFFICE USE