



Barbara Bauer Briggs Family YMCA Scholarship Application

CHECK THE ONE YMCA PROGRAM THIS APPLICATION APPLIES TO: Youth Sports ____ Childcare ____

HOW TO APPLY

1. Fill out this scholarship application COMPLETELY and print clearly.
2. Attach your 1040 tax form and/or proof of government assistance.
3. You must meet the following requirements and provide documentation of such:
 - a. Total household income must be under \$25,000 per year (including benefits).
 - b. You must have been denied entitlement benefits from the Department of Human Services (CCMS).
 - c. You must be employed or attending school, unless disabled.
 - d. Attach your CCMS denial letter, school schedule, and/or letter proving disability to application.

Your application CANNOT be processed until all paperwork is submitted. You will be notified of your status in approximately two weeks. If approved, you must reapply after six months.

PRIMARY HOUSEHOLD WAGE EARNER

Last Name _____ First Name _____ MI _____
 Address _____ City _____ State ____ Zip _____
 Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____
 Work Phone (____) _____ - _____ Email _____
 Employer _____
 Position _____
 Part-time ____ (\$ _____ per hour/year) or Full-time ____ (\$ _____ per hour/year)

SECONDARY HOUSEHOLD WAGE EARNER AND/OR SPOUSE

Last Name _____ First Name _____ MI _____
 Address _____ City _____ State ____ Zip _____
 Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____
 Work Phone (____) _____ - _____ Email _____
 Employer _____
 Position _____
 Part-time ____ (\$ _____ per hour/year) or Full-time ____ (\$ _____ per hour/year)



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LIST ALL HOUSEHOLD MEMBERS (INCLUDING OTHER ADULTS)

Name _____ DOB _____ Age _____ Relation _____

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Name _____ DOB _____ Age _____ Relation _____

HOUSEHOLD INFORMATION

Is this a single parent household? Yes _____ No _____

Marital status: Single ____ Married ____ Divorced ____ Separated ____ Widow/Widower ____

Have you ever applied for scholarship assistance at the YMCA before? Yes _____ No _____

Have you ever been a YMCA member? Yes _____ No _____ Which branch? _____

Do you have an active membership? Yes _____ No _____

What is the monthly dollar amount you are willing to and/or have the ability to pay? \$ _____

What volunteer service can you provide the YMCA? _____

List any special circumstances you feel should be taken into consideration during the review process:

Monthly Household Expenses

Rent/Mortgage \$ _____

Utilities \$ _____

Food \$ _____

Childcare \$ _____

Medical \$ _____

Transportation \$ _____

Total \$ _____

Monthly Household Income

Household Wages \$ _____

Worker's Compensation \$ _____

Food Stamps \$ _____

Child Support \$ _____

Social Security/SSI \$ _____

Other \$ _____

Total \$ _____

APPLICANT SIGNATURE _____ DATE SUBMITTED _____