

# YMCA Membership & Program Scholarship Application

## 1. Select your branch

- Fontaine Gills Family YMCA  
 2125 Sleepy Hill Rd.  
 863-859-7769
- Lakeland Family YMCA  
 3620 Cleveland Heights Blvd.  
 863-644-3528
- YMCA Par 3  
 1740 George Jenkins Blvd.  
 863-577-0236
- Lake Wales Family YMCA  
 1001 Burns Ave.  
 863-676-9441

## 2. Applicant Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_  Home  Cell

Emergency Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## 4. Income Information

**All documentation requested below is required to process this scholarship application.**

### SCHOLARSHIP CHECKLIST (check all applicable):

- Scholarship Application completed and signed
- Copy of valid drivers license or picture ID (For ALL household members 19 years of age or older)
- Most recent tax return (Form 1040, **not** W2)
- Last two pay stubs for all working adults in household
- Unemployment benefit statements
- Current Social Security/Disability Statement
- Food Stamps Documentation (Listing ALL names and amount receiving)
- Class Schedule (if college student)

Applicant's Employer \_\_\_\_\_

Full Time  Part Time Hours Per Week \_\_\_\_\_  
 Annual Income \_\_\_\_\_

Additional Adult Employer \_\_\_\_\_

Full Time  Part Time Hours Per Week \_\_\_\_\_  
 Annual Income \_\_\_\_\_

If you receive or have applied for any of the following income sources, please fill in the annual amount:

Child Support \$ \_\_\_\_\_ Alimony \$ \_\_\_\_\_

Food Stamps \$ \_\_\_\_\_

Total Gross Annual Income From All Sources \$ \_\_\_\_\_

## 3. Type of Membership or Program you are requesting

- TEEN (ages 13-17)
  - YOUNG ADULT (ages 18-27)
  - ADULT (ages 28-64)
  - TWO PERSON FAMILY: Two adults up to the age of 64 living in the same household or one adult and one dependent
  - FAMILY PLUS:  
Two adults up to the age of 64 living in the same household plus any legal dependents
  - SENIOR (age 65 and up)
  - TWO SENIOR FAMILY  
Two adults over the age of 65 living in the same household
- AND/OR
- AFTERSCHOOL
  - CAMPS
  - OTHER PROGRAMS/SPORTS/AQUATICS

## 5. All Persons Living in this Household

Name	DOB	Age	Gender

**\*Letter of denial from ELC must be provided before scholarship application can be processed.**

## 6. Please give a brief explanation of why you need a scholarship. Attach a separate letter if desired.

\_\_\_\_\_

\_\_\_\_\_

I understand that this scholarship is short term only and I must reapply annually for future scholarships. In accordance with the YMCA core values of caring, honesty, respect, and responsibility, I verify that the information provided on this application is accurate. In the event that 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.