



SCHOLARSHIP APPLICATION

Family YMCA of Emporia-Greenville

The following must be provided before eligibility can be determined:

1. Last two paystubs for all adults in household
2. Last Federal Income Tax Return for each adult in household
3. Benefit documents if Social Security or SSI-Disability is received
4. Unemployment benefit application or statement of benefits
5. Child support order for each child (if applicable)
6. Completed V-DMV CRD93 for all household members over 18
7. Written, signed and dated statement of other income(s)
8. Recent electric bill, gas/oil bill and phone bill(s)
9. Lease agreement or mortgage coupon

PERSONAL INFORMATION (PLEASE PRINT)

Name of applicant _____ Date of Birth _____ Gender _____

Address _____ City _____ State _____ Zip _____

Applicant's employer _____ Day Phone _____ Cell Phone _____

Email address _____

DEPENDENTS and OTHER HOUSEHOLD MEMBERS (LIST ALL)

Number of adults in household _____ Number of children in household _____

Name _____ DOB _____ Gender _____ Employer/School _____

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HOUSEHOLD MONTHLY INCOME

Wages \$ _____
 Wages \$ _____
 SS /SSI \$ _____
 SS /SSI \$ _____
 Pension \$ _____
 Pension \$ _____
 Unemployment \$ _____
 Child Support \$ _____
 Child Support \$ _____
 Section 8 \$ _____
 SNAP \$ _____
 Other \$ _____

HOUSEHOLD MONTHLY EXPENSES

Rent or Mortgage \$ _____
 Utilities - Electric \$ _____
 Utilities - Water \$ _____
 Utilities - Gas/Oil \$ _____
 Utilities- Phone \$ _____
 Utilities- Cell Phone \$ _____
 Other \$ _____
 Other \$ _____

Total _____ x12= \$ _____ = total annual income
 Tax Refund \$ _____ + total annual income = \$ _____ financial basis for eligibility

I affirm to the best of my knowledge that the above information is a true and complete statement of my household composition and finances. I agree to provide income documentation in full and for all members of my household. I understand that this application expires annually, and I must re-apply as requested by the Y to continue receiving assistance. I understand it is my responsibility to notify the YMCA Business Office immediately of any change in any of the above information to determine if my eligibility changes.

Applicant's Signature

Date of Signature

HONESTY RESPECT CARING RESPONSIBILITY FAITH