



Scholarship Application

It is the mission of the YMCA to provide services for any person or family who desires to participate in the YMCA, regardless of the ability to pay the standard membership or program fee. Every year the YMCA raises money to help scholarship youth and families through our Partners campaign. Those not able to pay the full fee may be awarded assistance based on their demonstrated ability to pay. The YMCA reserves the right to refuse assistance to any applicant.

To be eligible for a scholarship, applicants must work or reside in the YMCA of Greater Houston service area and meet household/yearly income requirements. The YMCA believes a strong sense of ownership and pride is developed if the recipient has contributed to the cost of their YMCA involvement; therefore, applicants will be asked to pay some portion of the fees. Scholarships are awarded for a one year period. Applicants will be notified once the application for scholarship has been reviewed.

To apply for a scholarship, please bring the following information to any YMCA Welcome Center.

1. Completed Scholarship Application
2. Most recent income tax return (this will be reviewed and returned to you)*

** If you do not file a tax return, call the IRS at (800) 829-1040 or go to www.irs.gov to download Form 4506-T and request a Verification of Nonfiling letter to submit in lieu of the tax return. You will then need to provide additional proof of any income (i.e. child support, food stamps).*

This application does not register the participant, nor does it reserve space in a YMCA program.

Parent/Guardian First Name	Parent/Guardian Last Name	Age	Program(s) Requested
Family Member First Name	Family Member Last Name	Age	Program(s) Requested

Address _____

City _____ State _____ Zip _____

Phone (Work) _____ (Cell) _____ (Home) _____

Email Address _____

Ethnicity: African American ___ Anglo ___ Asian ___ Asian/Pacific Islander ___ Hispanic ___ Other ___

Please indicate: Number of household members: _____ Adjusted Gross Income (per tax return) \$ _____

Any Extenuating Circumstances to be considered: _____

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize my scholarship.

Signed _____ Date _____

<p>Welcome Center Staff Use Only</p> <p>Date application received _____</p> <p>Adj. Gross Income \$ _____</p> <p>Verified by _____ (1st staff initials)</p> <p>Verified by _____ (2nd staff initials)</p>
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<p>Office Use Only: <input type="checkbox"/> (_____ %) Approved <input type="checkbox"/> Denied</p> <p>Staff Signature _____</p> <p>Date _____</p> <p><input type="checkbox"/> Applicant contacted <input type="checkbox"/> Entered in CLASS</p>	<p>Additional Notes to File:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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