

YMCA OF GREATER OKLAHOMA CITY BETHANY YMCA

Request for Scholarship Assistance

APPLICANT'S NAME: _____ BIRTHDATE _____

NAME OF SPOUSE: _____ BIRTHDATE _____

ADDRESS _____ CITY _____ ZIP _____

HOME TELEPHONE _____ PAGER/CELL PHONE _____ / _____

APPLICANT'S PLACE OF EMPLOYMENT _____ WORK PHONE _____

SPOUSE'S PLACE OF EMPLOYMENT _____ WORK PHONE _____

NAME OF CHILDREN	AGE	SEX	GRADE	DOB
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SCHOLARSHIP WILL BE FOR THE FOLLOWING: [] Before/After School [] Camp [] Child Care
[] Sports [] Swim Lessons [] Adult Membership [] Family Membership

REASON FOR THIS SCHOLARSHIP MUST BE EXPLAINED ON A SEPARATE SHEET OF PAPER

GROSS MONTHLY INCOME <small>(Include Yourself & Spouse)</small>	APPLICANT	SPOUSE
EMPLOYMENT	_____	_____
CHILD SUPPORT	_____	_____
AFDC	_____	_____
FOOD STAMPS	_____	_____
LOANS or GRANTS	_____	_____
OTHER INCOME SOURCES (*)	_____	_____
TOTAL AMOUNT	_____	_____

(*) Explain your response to Other Income Sources: _____

Your Adjusted Gross Income (AGI) must be less than \$35,000 per year to qualify for Financial Assistance.

GROSS MONTHLY EXPENSES
(Include Yourself & Spouse)

APPLICANT

SPOUSE

MORTGAGE & RENT

UTILITIES

CAR PAYMENT

DAY CARE

OTHER EXPENSES (#)

TOTAL AMOUNT

(#) PLEASE IDENTIFY "OTHER EXPENSES" _____

I HEREBY CERTIFY ALL THE INFORMATION PRESENTED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

YOUR SIGNATURE _____ DATE _____

CHECK LIST FOR SCHOLARSHIP APPLICANTS

- ATTACH A LETTER ON A SEPARATE SHEET OF PAPER EXPLAINING WHY YOU NEED THIS SCHOLARSHIP.
- ATTACH A COPY OF TWO RECENT PAYCHECK STUBS.
- ATTACH COPIES OF YOUR W2's FOR THE MOST RECENT YEAR.
- ATTACH A COPY OF YOUR MOST RECENT INCOME TAX RETURN.
- IF YOU ARE ON SSI OR ANY DISABILITY, ATTACH A COPY OF THE LETTER YOU RECEIVE SHOWING YOUR INCOME. IF YOU HAVE A BANK DRAFT THE YMCA WILL NEED A COPY OF THE BANK STATEMENT SHOWING YOUR INCOME.

IF YOU DO NOT WORK AND DON'T RECEIVE ANY SUPPLEMENTAL INCOME, YOU WILL NEED TO ATTACH A DETAILED LETTER STATING HOW YOU PAY FOR YOUR EXPENSES.

ANY MISSING DOCUMENTATION WILL RESULT IN YOUR SCHOLARSHIP PAPERWORK BEING RETURNED TO YOU AND CAUSE A DELAY IN THE REVIEW OF YOUR SCHOLARSHIP. IF YOU HAVE ANY QUESTIONS PLEASE CALL THE BETHANY SCHOLARSHIP COORDINATOR AT 789-0231

DATE RECEIVED AT THE YMCA _____

NAME OF STAFF PERSON ACCEPTING SCHOLARSHIP DOCUMENT: _____