



Odessa Family YMCA  
Scholarship Application

Date: \_\_\_\_\_  
 Staff Initials: \_\_\_\_\_  
 # of People on Scholarship: \_\_\_\_\_  
 Type of Scholarship: \_\_\_\_\_

**In order for your application to be processed: (PLEASE PRINT CLEARLY,  
 EVERY QUESTION MUST BE ANSWERED, AND ALL REQUESTED  
 DOCUMENTS MUST BE ATTACHED.)**

Marital Status: (please check one) [ ] Single, [ ] Married, [ ] Separated, [ ] Divorced, [ ] Other

Applicant's First / Last Name	Date of Birth	Age	M / F Sex
Applicant's Home Address	City	State	Zip
Home Phone#	Cell Phone#	Work Phone#	
Email Address	Are you currently employed? [ ] Yes [ ] No		
Applicant's Employer	Annual Income	Employer's Phone #	
Employer's Address	City	State	Zip
Spouse's or Other's First / Last Name	Date of Birth	Age	Sex
Spouse's or Other's Home Address	City	State	Zip
Home Phone#	Cell Phone#	Work Phone#	
Email Address	Are you currently employed? [ ] Yes [ ] No		
Spouse's Or Other's Employer	Annual Income	Employer's Phone #	
Employer's Address	City	State	Zip

Only family that you claim on your income tax return as dependants can be on scholarship. Must provide us with most current income tax return upon request.

Spouse's Name	Date of Birth	Age	M / F Sex
Dependant's Name	Date of Birth	Age	M / F Sex
Dependant's Name	Date of Birth	Age	M / F Sex
Dependant's Name	Date of Birth	Age	M / F Sex
Dependant's Name	Date of Birth	Age	M / F Sex

Are one or both applicants currently in school? [ ] Yes [ ] No [ ] Both

Total hours of attendance: \_\_\_\_\_



### Proof of Income

\*Please submit required documentation for each parent in order to determine income eligibility. In order for your application to be processed: **This application must be completely filled out.** All required documents listed below must be submitted with application.

### **Document Check List**

- Copy of most recent Federal Tax Return
- 4 of the most recent pay check stubs
- Employer statement - stating length of employment, days, hours, and salary (form is attached)
- Proof of Disability income and / or unemployment insurance if applicable.
- Proof of Residence - one of the following will be accepted. Electric, Water, or Gas Bill
- Child Support statement for the past three (3) months. If Father / Mother is not in the household, a letter of proof that child support has been filed.
- Absent Parent - A statement letter is required for parents who are not actively in the home. (Form is attached)

### Income Worksheet

Provide check stubs or written documentation for all sources of income for all adults living in the household, who have custody or guardianship of the child/dren.	<b>Primary Applicant</b>	<b>Other Adult (parent or guardian in household)</b>
<b>First and Last Name:</b>		<input type="checkbox"/> N/A (absent parent)
<b>Name of Employer / School:</b>		
<b>Pay Periods:</b> (Provide 4 most Recent Stubs)	<input type="checkbox"/> Weekly    Average hrs a week _____ <input type="checkbox"/> Bi Weekly <input type="checkbox"/> Monthly    Gross Amount \$ _____	<input type="checkbox"/> Weekly    Average hrs a week _____ <input type="checkbox"/> Bi Weekly <input type="checkbox"/> Monthly    Gross Amount \$ _____
<b>Child Support: (Check One):</b> <input type="checkbox"/> Court Ordered <input type="checkbox"/> Direct/Voluntary (Provide Statement)	Date Received: _____ Amount Received: \$ _____ <input type="checkbox"/> Not Applicable	Date Received: _____ Amount Received: \$ _____ <input type="checkbox"/> Not Applicable
<b>Social Security Income:</b>	Amount Received: \$ _____ <input type="checkbox"/> Not Applicable	Amount Received: \$ _____ <input type="checkbox"/> Not Applicable
<b>SSI Disability Income:</b>	Amount Received: \$ _____ <input type="checkbox"/> Not Applicable	Amount Received: \$ _____ <input type="checkbox"/> Not Applicable
<b>Self-Employment or Unemployment Income:</b>	Amount Received: \$ _____ <input type="checkbox"/> Not Applicable	Amount Received: \$ _____ <input type="checkbox"/> Not Applicable
<b>Food Stamps:</b>	Amount Received: \$ _____ <input type="checkbox"/> Not Applicable	Amount Received: \$ _____ <input type="checkbox"/> Not Applicable
<b>Housing Assistance:</b>	Amount Received: \$ _____ <input type="checkbox"/> Not Applicable	Amount Received: \$ _____ <input type="checkbox"/> Not Applicable
<b>Other Income:</b>	Amount Received: \$ _____ <input type="checkbox"/> Not Applicable	Amount Received: \$ _____ <input type="checkbox"/> Not Applicable
	<b>Total Household Income:</b>	<b>Amount \$ _____</b>

## Expense WorkSheet

Provide monthly dollar amounts, account balance & due date on all expenses incurred during the month.	Payment Amount	Account Balance	Due Date
Rent / Mortgage (circle the one that applies)			
Electricity			
Water			
Gas (home)			
Cell Phone / Land Line (circle the one that applies)			
Credit Cards			
Child Support			
Vehicle Make: _____ Model: _____			
Total Expenses	\$		

Odessa Family YMCA  
Scholarship Information

YMCA Scholarship Policy

I am aware and fully understand that the YMCA Scholarship Policy require me to renew and or report any changes in employment, income, change of address, familyu size. I further uynderstand that a three month renewal application will need to be submitted for review. I have completed this application to the best of my knowledge. Failure to provide accurate information could result in my scholarship applicatoin being denied.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Odessa Family YMCA  
Scholarship Information

Employment Verification  
For Fee Assistance

To whom it may concern,

Thank you for taking the time to complete all of the information on this form. Your help is very much appreciated.

Name of employee (as shown on your records) \_\_\_\_\_

Is this person employed by you?    \_\_\_ Yes    \_\_\_ No    Date of Hire: \_\_\_\_\_

If yes, what type of job? \_\_\_\_\_

Job Title: \_\_\_\_\_

\_\_\_\_\_ Full Time    \_\_\_\_\_ Part Time    \_\_\_\_\_ Permanent    \_\_\_\_\_ Temporary

How often paid? \_\_\_\_\_ Avg hours per pay period \_\_\_\_\_

Rate of Pay

\$ \_\_\_\_\_ per hour                      \$ \_\_\_\_\_ per week                      \$ \_\_\_\_\_ per month

Company or Employer: \_\_\_\_\_

Address: (St., City, ST, Zip) \_\_\_\_\_

This information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of person verifying this information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verifying person's title

\_\_\_\_\_  
Telephone No.

Odessa Family YMCA  
Scholarship Information

Personal References

Please provide three references to verify family members living in the home.

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

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

Phone: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

How long have you known reference: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

How long have you known reference: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

How long have you known reference: \_\_\_\_\_