

YMCA of San Joaquin County Scholarship Application

Every year the YMCA sets aside a significant amount of funds to help participants attend Camp programs, Sports programs, and Childcare. Money should not be a hurdle for a youth to participate in these important programs. Attached is an application which interested individuals should fill out and return. Applications need to be submitted one month prior to the event registration deadline.

What are Scholarships?

Scholarships are awarded to individuals who could not participate in YMCA programs without financial assistance. Programs eligible for this are: swim lesson, camp, sports programs, and childcare. Scholarships are provided through donations by concerned community groups, individuals and memorial funds.

The Application

Please complete the attached form and provide proof of financial status. Full scholarships are seldom awarded (generally 1/2 of the program fee or less). It is the hope of the scholarship committee that the child and their family work together to earn as much of the fee as possible. It is a YMCA ideal participant's help earn their own way. Please submit the completed application to:

YMCA of San Joaquin County
6135 Tam O'Shanter Dr.
Stockton, CA 95210

Scholarship funding is available to YMCA of San Joaquin Members

for the following programs:

Swim Lessons

Sports Programs

Day Camp

Childcare

YMCA of San Joaquin County Scholarship Application

All information submitted is confidential

Check Box for Appropriate Scholarship

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Sports | <input type="checkbox"/> Day Camp |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Swim Lessons |

Part I (Participants Information)

Check box if Family does not know that form has been submitted, then skip Part II

Program Attending: _____ Start Date of Program: _____

Childs Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Parents Name: _____ Phone: _____

1. Childs Age : _____ DOB: _____

2. Has your child participated in any YMCA programs? If so, which ones?

3. Why does your child want to participate in our program?

4. Is there anything else you wish the Scholarship Committee to consider?

Signature: _____ **Date:** _____

Part II (Parents Information)

Parent/Guardian's Name: _____ Phone: _____

Address (if different than Participants): _____

Relationship to Participant? _____

1. Family's monthly gross income? _____ 2. Number in Family? _____ 3. Average Monthly Expenses? _____

Proof of Income attached: Paycheck Stub Public Assistance Unemployment

2. Why do you believe the participant deserves to participate in our program?

3. The Fee for the program we are applying for is \$ _____ Family will pay \$ _____

4. We are asking for a scholarship of \$ _____

Signature: _____ **Date:** _____

****Scholarships will be processed within 3 business days****

Office use only

Approved by: _____ Amount: _____ Date: _____ Dep.# _____

Registration fee request, give to CEO for approval

Is Child registered?

Did Family pay part?

Original Copy to CEO

Copy of approved form to applicant/Parent

Copy for File