

# **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?**

They are awarded every year to individuals who could not participate in YMCA programs without financial assistance. Programs eligible for this are Summer camp, Sports programs, and our Childcare. Scholarships are provided through donations by concerned community groups, individuals and memorial funds.

## **The Application**

Please print or type the form. 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 part of the YMCA ideal that the participant help out their parents to earn their own way. Please submit the completed application to:

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

**The Following programs provide scholarships for YMCA participants**

**Sports Programs**

**Summer Day Camp**

**Childcare Facilities**



# YMCA of San Joaquin County Scholarship Application

All information submitted is confidential

Check Box for Appropriate Scholarship

- Sports       Y-Guides       Day Camp  
 Childcare       Swim Lessons       Preschool

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

\_\_\_\_\_

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

## Part II ( Parents Information)

Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address (if different than Participants): \_\_\_\_\_

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 5 business days and must be submitted 2 weeks prior to the program start date\*\***

### Office use only

Approved by: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Dep.# \_\_\_\_\_

Is Child a member of the YMCA?  
 Previous Y Scholarships Received?

Program	Amount Given
_____	\$ _____
_____	\$ _____