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## **SCHOLARSHIP APPLICATION**

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Programs of the YMCA of Orange County shall be available to all, regardless of age, sex, and ethnic origin.

Applications for Scholarships will be reviewed to determine the financial need of the applicant to participate in the desired program. Those not able to pay the fee may be awarded a scholarship based on their demonstrated ability to pay and the availability of YMCA's scholarships.

### **Eligibility:**

1. Applicants must work or reside within the YMCA branch service area.
2. Scholarships will be granted on the basis of financial need as demonstrated to the YMCA.
3. The objective criteria for qualifying applicants are set forth within the Scholarships Policy (available by request) and eligibility of funds determined by the Scholarship Sliding Scale.

### **Application:**

Applications are available at any YMCA of Orange County branch location. All applications must be completed thoroughly and accurately and include a copy of the applicant's last three (3) pay stubs and/or last income tax return. *All applications and related records will be kept confidential.*

\* Note: Staff review of applications will take a minimum of (5) five working days after receiving completed materials from the applicant.



**YMCA of Orange County  
Scholarship/Financial Assistance Application**

Parent/Guardian Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_  
(if applicable)

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_ Email Address \_\_\_\_\_

Child's School \_\_\_\_\_ (if applicable)

Child lives with \_\_\_\_\_ Number of family members \_\_\_\_\_

Mother/Spouse Name \_\_\_\_\_

Current Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Gross Monthly Income \_\_\_\_\_

Father/Spouse Name \_\_\_\_\_

Current Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Gross Monthly Income \_\_\_\_\_

Are you presently enrolled in school? \_\_\_\_\_ Full time/Part time? \_\_\_\_\_

Social Services Case Worker (if applicable) \_\_\_\_\_

Case Number (required) \_\_\_\_\_ Phone Number \_\_\_\_\_

Other monthly income (this can include: child support, alimony, social security, cash aid, disability, unemployment, pension, retirement, etc...) \_\_\_\_\_ Amount \$ \_\_\_\_\_

Program Applying For: \_\_\_\_\_ Fee \$ \_\_\_\_\_

How much can you afford to pay?: \$ \_\_\_\_\_ Session: \_\_\_\_\_

Please state why you are in need of a Scholarship:

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I understand that the YMCA Scholarship Program is designed to assist the youth, adults and families who would otherwise be unable to participate or who have a particular need for YMCA programs. I agree to notify the YMCA of any change in my income or ability to pay. I am aware that assistance funds are awarded for a maximum of one year, after which time it is my responsibility to reapply. I understand that YMCA of Orange County Scholarships and amount awarded are subject to review at any time. I understand that by signing this form, I authorize the YMCA to obtain credit information. All information is subject to verification.

Parent Signature \_\_\_\_\_ Date Completed \_\_\_\_\_