



YMCA Personnel Only Initial _____ Date when turned in _____
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**SAN ANGELO YMCA
APPLICATION FOR PROGRAM SCHOLARSHIP**

*Application must be completely filled out to be considered for sponsorship.
This application will be reviewed within 2 weeks of returned, completed form.*

Date _____ Name of person applying for sponsorship _____

Address _____ Zip _____ Daytime Phone # _____

Home Phone # _____

Fill out this box COMPLETELY!

School Child Attends _____ Father's Name _____ DOB _____ Marital Status _____ (Guardian) Social Security # _____ Present Employer _____ How Long? _____ Supervisor _____ Telephone # _____ Father's Total Income (before taxes) _____ (monthly) Mother's Name _____ DOB _____ Marital Status _____ (Guardian) Social Security # _____ Present Employer _____ How Long? _____ Supervisor _____ Telephone # _____ Mother's Total Income (before taxes) _____ (monthly) Other Financial Information: Child Support \$ _____ AFDC \$ _____ Food Stamps \$ _____ Social Security \$ _____ TOTAL FAMILY INCOME _____ (Monthly, include job income only)
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***TO BE CONSIDERED FOR A SCHOLARSHIP YOU MUST
ATTACH A COPY OF YOUR LAST PAY STATEMENT(S).***

This is only a 3 month scholarship. You will need to be evaluated every 3 months. Any change must be reported within one week of the change (income, address, etc.).

See Reverse Side

Outstanding Debts: Listing outstanding debt (i.e. hospital bills, credit loans, student loans, etc.) may be considered in your scholarship.

Home: ()Rent ()Buy ()Own Monthly Payment \$ _____

<u>Name of Debts:</u>	<u>Balance Owed</u>	<u>Monthly Payment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dependants: Check ones to be sponsored and list all children in household

<u>Name (First & Last)</u>	<u>Relationship</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate what program(s) you are applying for. Write individual's name by the program they are applying for.

Please Note: If you have falsified any information on this form, you will lose all privileges to the YMCA in all program areas.

I CERTIFY THAT ALL THE ABOVE INFORMATION IS TRUE & CORRECT.

Signature of Applicant _____ **Date** _____

Special note for Program Director of program that you are applying for:
(Explain any special circumstances)

YMCA MISSION STATEMENT: The mission of the San Angelo YMCA is to serve the people in the San Angelo community of all faiths and ages, with emphasis on families and youth, to permit them to achieve their God-given potential in spirit, mind and body through its programs, staff, facilities and the community.