



YOUTH DEVELOPMENT CENTERS DAY CAMP SCHOLARSHIP APPLICATION

Please print legibly and complete this application in full. Applications missing the required documentation will be considered incomplete and will not be processed.

Applicant Name _____ **Birthdate:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Employer:** _____

Student: Full-time Part-time N/A

Email (Required) _____

Spouse/2nd Adult: _____ **Birthdate:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Employer:** _____

Student: Full-time Part-time N/A

List All Other People Living In Household:	Relationship:	Birthdate:	Requesting Assistance For This Person?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Weeks Requested (Request is not a Guarantee)

- | | | | |
|---------------------------------------|----------------------------|----------------------------------|-----------------------------------|
| June 5-9: Y-land Fiesta | June 26-30: Splashtopia | July 17-21: Splash & Dash | August 7-11: How the West Was Fun |
| June 12-16: Summer Scream | July 3-7: Party in the USA | July 24-28: Play Ball | |
| June 19-23: Where the Wild Things Are | July 10-14: Shark Tank | July 31-Aug 4: Are We There Yet? | |

Financial Information: Please include monthly gross income for each item (amount before taxes)

Employment \$ _____

Child Support \$ _____

Assistance (S.S., TANF, etc) \$ _____

Child Care Assistance \$ _____

Other Income \$ _____

Total \$ _____

Please Complete Application Verification on Reverse Side

Application Verification

- The Missouri Valley Family YMCA offers scholarships within the limits of available funding. In an effort to provide more members with fee assistance, it is necessary that everyone pay a portion of their fees.
- Answers provided on this application must be COMPLETE, CLEAR AND CORRECT. Documentation is necessary to process your application.
- In the event that any of the information provided is found to be inaccurate, an approved scholarship could be revoked.
- All scholarship recipients are required to re-apply for any assistance requested beyond what is awarded.

To the best of my knowledge, all information provided is correct and may be verified by the YMCA. I understand and agree to the above statements.

 Signature _____ Date _____

For Office Use Only

Check one: Approved Denied – Reason: _____

Approval Date: _____ Scholarship Amount: _____ Staff Initials: _____

Beginning Date: _____ Ending Date: _____

Comments: _____

