



## 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/2<sup>nd</sup> 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 2-6: The Y 4

June 23-27: H2Oasis

July 14-18: Eco Warriors

August 4-8: Last  
Blast Summer  
Splash

June 9-13: Space Cadets

June 30-July 4: Constitution

July 21-25: Full Steam Ahead

June 16-20 :Surf & Safari

July 7-11: Mission Possible

July 28-Aug 1: Goal Getters

**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 \_\_\_\_\_

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## For Office Use Only

Check one: ☐ Approved ☐ Denied – Reason: \_\_\_\_\_

Approval Date: \_\_\_\_\_ Scholarship Amount: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_