



# 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

<b>List All Other People Living In Household:</b>	<b>Relationship:</b>	<b>Birthdate:</b>	<b>Requesting Assistance For This Person?</b>	
_____	_____	_____	<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 1-5: Leaders in Action**

**June 22-26: Honor Bound**

**July 13-17: Power of We**

**August 3-7**

**June 8-12: True Colors**

**June 29-July 2: United**

**July 20-24: Honor in Action**

**Camp Legacy**

**June 15-19: Ripple Effect**

**July 6-10: Level Up**

**July 27-31: The Right Stuff**

**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** \$ \_\_\_\_\_

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**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_