



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Application for Scholarship Program

SANFORD-SPRINGVALE YMCA

1 Emile Levasseur Dr. , P.O.Box 249, Sanford, ME 04073
207 324 4942 phone
207 636 8046 fax
Sanfordymca.org

Applicant Name	MS. MRS. MR.	FIRST NAME	M.I.	LAST NAME

R E S I D E N C E	STREET			Scholarship Program Is the goal of the Sanford-Springvale YMCA to provide educational, social and physical development services in the communities we serve, regardless of residents' ability to pay. A waiver or reduction of fees is available subject to facility and program capacity, and demonstrated need, without regard to race, color, nationality, religion, gender age, or disability.	
	CITY	STATE	ZIP CODE		
	DAYTIME PHONE		EVENING PHONE		
	E-MAIL ADDRESS				
	EMPLOYER/SCHOOL				

EMERGENCY CONTACT	NAME	RELATIONSHIP	PHONE NUMBER

PERSONAL INFORMATION <small>*all information is confidential and used for statistical purpose</small>	BIRTHDATE / /	SEX	RACE (confidential) Asian / African American / Caucasian / Hispanic / Native American / Other
	HOUSEHOLD INCOME	(CIRCLE ONE) \$0-13,999 / \$14,000-\$24,999 / \$25,000-\$39,999 / \$40,000-\$54,999 / \$55,000-\$74,999 / \$75,000-OVER	

Employment Status	Full Time	Part Time	Marital Status	Single	Divorced
	Retired	Unemployed		Disabled	Married
			Widow/Widower		

Are any members of the household eligible for free or reduced school lunch program?	Yes or No
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* this information is essential to the funding of our scholarship program through the grants and in no way has any effect on approval status.

Household Information: Include all of those that reside in household

NAME (list last name if different)	BIRTHDATE	SEX	RACE	EMPLOYER/SCHOOL
Spouse/Partner -02	/ /			
Children -03	/ /			
-04	/ /			
-05	/ /			
-06	/ /			
-07	/ /			

Please circle areas you are seeking assistance for.

Membership		Childcare	
Youth	Young Adult	Pre-School	Pre-K
Adult	Senior Adult	Before Care	After Care
Single Parent Family	Family	Summer Camp	
Senior Family		SCHOOL ATTENDING:	
Sanford Y Titan's Swim Team		Youth & Adult Specialty Programs	

Income Verification

In order for application to be considered or processed you must turn in any all current documentation to support such claims. All individuals that reside in household listed on this application MUST provide income documentation.

If you currently do not receive ANY income you must provide documentation from the State of Maine verifying you did not qualify for any state funding.

Applicant must include most recent Tax Return.

Complete this section for CURRENT INCOME & include documentation

Please list	Each Person Receiving	Gross amount (pre-tax)	How often payment is received	Documentation required
Wages				Recent tax return & 4 Pay Stubs
Self Employment				Include Schedule C of tax return
Child Support				Copy of orders or other form of proof
Unemployment				4 Pay Stubs
Social Security				Statement from SS/SSI
Retirement				Monthly statement or 4 paystubs
AFDC/TANF				Approval Letter from DHHS
Food Stamps				Approval Letter from DHHS
None		\$0.00	N/A	Must provide letter of declination and reason for no income
Other: please explain				

Scholarship Agreement

please initial and sign the bottom acknowledging you have read and understand policies

INITIAL HERE	I understand this application must be COMPLETED IN FULL and ALL REQUIRED DOCUMENTS must be submitted before this application can be considered or processed.
INITIAL HERE	I understand that I am required to re-apply based on the determination of the scholarship office and stated by the approval letter.
INITIAL HERE	I understand that this application may be subject to be run against a national and state level sex offender database. I also understand that at the discretion of the YMCA and its board of directors may at will terminate or not approve this application for scholarship. I also attest that to the best of my knowledge no one, including myself, is currently registered on any state or national sex offender database.
INITIAL HERE	I attest that all the information submitted in this application is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA of any changes, I understand my contract and application may be denied or terminated from scholarship funding.

Signature of applicant:

_____ In consideration of facility access or being allowed to participate in activities and programs of the YMCA and to use it facilities, equipment and machinery kn addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the Sanford-Springvale YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries for damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in ay activities at said facility.

_____ I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by negligent act or omission of any those mentioned or others on their behalf or in any way arising out of connected with my participation in any activities of the Sanford Springvale YMCA or the use of any equipment at the Sanford Springvale YMCA. I agree to adhere to all policies set by the Sanford Springvale YMCA.

_____ I understand the YMA has the right to terminate my Sanford Springvale YMCA privileges if it appears that myself or anyone in my party are taking actions or doing things that are contrary to the Y's Mission, it appears that my self or anyone in my party are engaging or involved in criminal acts and/or acting in ways that disrupts the Sanford Springvale YMCA's operation.

_____ I give permission to the Sanford Springvale YMCA to use pictures or video of myself or my child(ren)

Guest Signature (or parent/guardian if under 18)

Please tell us your story and what you are looking to gain from joining the Y.
