

SCHOLARSHIP APPLICATION



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

SANFORD-SPRINGVALE YMCA

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

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

R E S I D E N C E	STREET			Scholarship Program It 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	
	PRIMARY PHONE		ALTERNATE PHONE	
	E-MAIL ADDRESS			
	EMPLOYER/SCHOOL			

EMERGENCY CONTACT	NAME	RELATIONSHIP	PHONE NUMBER

PERSONAL INFORMATION *all information is confidential and used for statistical purpose	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	Widow/Widower

Are any members of the household eligible for free or reduced school lunch program?	Yes or No
---	-----------

* 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 (include last if different)	BIRTHDATE	SEX	RACE	EMPLOYER/SCHOOL
Second Adult -02	/ /			
Children/Dependents -03	/ /			
-04	/ /			
-05	/ /			
-06	/ /			
-07	/ /			

Office Use Only					
New or Re-App	Scholarship Award	Expiration Date	Scholarship/Discount	Staff Initial	Notes

Please circle areas you are seeking assistance for.

Membership		Childcare
Youth	Young Adult	Early Learning
Adult	Senior Adult	Summer Camp
Single Parent Family	Family	School Attending:
Senior Family	Adult Programming	Youth Programming
Sanford Y Titan's Swim Team		Before and After Care

Income Verification
In order for application to be considered or processed you must turn in 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 complete this section for current income and include documentation to qualify for the Scholarship Program. Please submit photo copies only and not originals. *

	Each Person Receiving	Gross Amount (pre-tax)	How often payment is received	Documentation Required
Wages				Recent tax return & 2-4 paystubs (dependent on consistency in pay)
Self Employment				Include Schedule C of tax return
Child Support				Copy of orders or other form of proof
Unemployment				2-4 paystubs
Social Security				Statement from SS/SSI
Retirement				Monthly Statement
AFDC/TANF				Approval Letter from DHHS
Food Stamps				Approval Letter from DHHS
None		\$0.00		Must provide letter of declination and reason for no income
Other: Please Explain				

