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

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R				STREET					Scholarship Program		
E S I			CITY		STATE	ZI	P CODE	YMCA to	goal of the Sanford-Springvale provide educational, social and development services in the		
D E N	PR	IMARY	Y PHONE ALTERNATE PHONE					communities we serve, regardless of residents' ability to pay. A waiver or reduction of fees is available subject to			
C E	E-MAIL ADDRES								facility and program capacity, and demonstrated need, without regard to		
	EMPLOYER/SCH	00L			race, color, nationality, religion, gender, age or disability.						
CON.	RGENCY FACT		N.	AME		RELATIONSH	IP		PHONE NUMBER		
*all in	PERSONAL INFORMATION *all information is confidential and used for statistical purpose Employment Status Retired		BIRTHDATE / /	SEX	RACE (confidential) Asian / African American / Caucasian / Hispanic / Native American / Other						
			HOUSEHOLD INCOME	(CIRCLE 0 \$75,000-	E ONE) \$0-13,999 / \$14,000-\$24,999 / \$25,000-\$39,999 / \$40,000-\$54,999 / \$55,000-\$74,999 / 00-OVER						
			Full Time	Part Time		Marital Status		Single	Divorced		
F			Unemployed	Disabled		Wid	low/Widower	Marrie	d Separated		
Are a	ny members	of t	he household eligibl	e for free	or reduced	school lur	nch program?	Yes or No			
* this		is es	sential to the funding	of our sc	holarship pro	gram thro	ugh the grants a	nd in no wa	y has any effect on approval		

Household	Information: I	nclude all of	those that	resid	e in house	ehold		
NAME (includ	le last if different)		BIF	RTHDATE	SEX	RACE	EMPLOYER/SCHOOL
Second Adult -02					/ /			
Children/Depend -03	lents				/ /			
-04					/ /			
-05					/ /			
-06				,	/ /			
-07				,	/ /			
Office Use Only								1
New or Re-App	Scholarship Award	Expiration Date	Scholarship/Di	scount	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		•	,	

Scholarship Agreement Please initial and sign the bottom acknowledging you have read and understand the policies

1.	
١.	I understand this application must be COMPLETED IN FULL and ALL REQUIRED DOCUMENTS must be submitted
2.	before this application can be considered or processedI understand that I am required to re-apply ANNUALLY or sooner, based on the determination of the scholar-
۷.	ship office and stated by the approval letter. Re-applying will require a NEW APPLICATION WITH NEW DOCUMENTATION.
3.	I understand that this application may be subject to be run against a national and state level sex offender data-
	base. 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.
4.	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
5.	any changes, I understand my contract and application may be denied or terminated from scholarship funding.
Э.	*I understand that financial documents supplied may be shredded for confidentiality and that it is recommended to only submit photo copies and to keep the original documents for my own personal records.
6.	In consideration of facility access or being allowed to participate in activities and programs of the YMCA and to
	use its' facilities, equipment and machinery in 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 any activities at said
	facility.
7.	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 of those mentioned or
	others on their behalf or in any way arising out of connection 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.
8.	I understand the YMCA has the right to terminate my Sanford-Springvale YMCA privileges if it appears that my-self or anyone in my party are taking actions or doing things that are not contrary to the Y's mission, it appears that myself
	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.
9.	I give permission to the Sanford-Springvale YMCA to use pictures or video of myself or my child(ren).
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J.9	nature Date:
J.9	nature Date:
J.9.	
J.9.	Please tell us your story and what you are looking to gain from joining the Y.
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