The YMCA of Metropolitan Chicago
REQUEST for SCHOLARSHIP

Please complete the information below to help us evaluate your request:

NAME:_____ DATE:_____

Name and Ages of Family Members in Household:_____

_____

Home Address:_____

City:_____ State & Zip:_____

Home Phone:_____ Work Phone:_____

Please list the activity for which you are requesting financial assistance:

Membership: Youth ___ Adult ___ Family ___ Sr. Adult ___ Sr. Family ___
Program: Aquatics___ Sports___ Day Camp____ Other_____

Reason for Scholarship Request: _____
_____

Are you currently a member of the YMCA? Yes _____ No _____

DOCUMENTATION OF INCOME:

What is the total annual income for your entire household? $_____
What is the number of people supported by your income? _____
Please attach copies of the following items as proof of income:

___Latest signed tax return IRS 1040 OR ___Documentation is not
___Most recent W2 Form available because: _____
___Most recent payroll stub, social security _____
Subsidy or public aid documentation _____

Statement by applicant: *I certify that all information provided to the YMCA of Metropolitan Chicago for Financial Assistance is true. I understand that false information will make me ineligible for any participation in the organization. I understand that the decision to grant financial assistance is at the sole discretion of the YMCA Board of Managers or its designees.*

Signature of applicant: _____ **Date:** _____
Or Parent/guardian if applicant is a minor

For Office Use Only:

Approval:_____ Date:_____ Verified By:_____

Approved By:_____ Verification Date:_____