

SCHOLARSHIP APPLICATION

OUR MISSION: The YMCA of San Diego County is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body.



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

PROVIDING ACCESS FOR ALL

The YMCA of San Diego County is dedicated to helping all community members to access facilities and programs. We offer a scholarship program based on household need. The funds awarded to scholarship recipients are provided directly by YMCA donors. To ensure we are responsible stewards of available funds, we ask our applicants to provide documentation to verify household income.

Household income may be shown by Express Verification or Traditional Verification.

EXPRESS VERIFICATION

Applicants receiving aid from county or state agencies have already undergone a thorough income verification process.

We will accept the following for express verification:

TYPE	ACCEPTED DOCUMENT
Cash Aid, CalFresh (Food Stamps)	CalWorks Notice of Approval
Kin-GAP	Foster Care Notice of Approval
Medi-Cal Benefits	Identification Card
Alternative Childcare Payment (CRS/CDA) Certificate from CRS	Notice of Approval
WIC Statement	Letter/Voucher
HUD/Section 8	Statement Letter

Need help accessing your documents? If you receive aid from one of these programs but need a copy of your notice of action, please contact your case worker or visit www.mybenefitscalwin.org to print out a copy.

TRADITIONAL VERIFICATION

We will require the following for traditional verification:

- **Most recent tax return:** first two pages of Forms 1040 or 1040A
 - Self-employed individuals must include Schedule C
- **Two most recent pay stubs**
- **Other income verification** (if applicable)
 - **SSI or Disability Statement**
 - **Unemployment Benefits**

All applications can be accepted at the welcome center of your local YMCA. You can also send your documents electronically as needed. Should you need further assistance, call YMCA Team Headquarters at (858) 292-9622.

SCHOLARSHIP APPLICATION

OUR MISSION: The YMCA of San Diego County is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body.



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

HOUSEHOLD INFORMATION

Primary Adult Name		Birth Date (mm/dd/yyyy)
Email	Phone ()	-
Address		Unit #
City	State	Zip
Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Phone		
Household Member 1	Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Under 18
Household Member 2	Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Under 18
Household Member 3	Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Under 18
Household Member 4	Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Under 18
Household Member 5	Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Under 18
Are you currently a YMCA member? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SCHOLARSHIP REQUESTED

Membership type: <input type="checkbox"/> Young Adult (13-25) <input type="checkbox"/> Adult (26-64) <input type="checkbox"/> Senior (65+) <input type="checkbox"/> Dual Couple <input type="checkbox"/> One Adult Family <input type="checkbox"/> Two Adult Family	
Program Name:	Participants:
Program Name:	Participants:
Program Name:	Participants:

YOUR PERSONAL STORY

Tell us how you feel a scholarship could benefit your household:

SCHOLARSHIP APPLICATION



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HOUSEHOLD INCOME

All adults requesting scholarship must provide verification of income. Please disclose all sources of income.

EXPRESS VERIFICATION

Pre-approval Program (Select the program that applies):			
<input type="checkbox"/> Calworks/Cash Aid	<input type="checkbox"/> Kin-GAP	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Medi-Cal
<input type="checkbox"/> CalFresh	<input type="checkbox"/> WIC	<input type="checkbox"/> HUD/Section 8	<input type="checkbox"/> Alt. Pay for Childcare (CRS/CDA)
STAFF USE ONLY	Receiving Staff Initials	Date Received	

TRADITIONAL VERIFICATION

Adult Name	Income Type	Amount/Frequency	Annual Income	Verified? Staff initial/date
Current Household Annual Income:				
Recent Federal Tax Return - Adjusted Gross Income (AGI)*:				
*Traditional applications only. To locate AGI by Tax Return Type: Form 1040, line 37 Form 1040A, line 21 Schedule C, line 31				

SHOULD I NEED TO CONTINUE ASSISTANCE, I UNDERSTAND THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS. MEMBERSHIP FEES ARE SUBJECT TO CHANGE ON MY ANNIVERSARY DATE WITHOUT RENEWAL. I certify that the above information is true and complete to the best of my knowledge, and that I, along with other adults listed, do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarships are awarded based on need. In the event that I, or my children, must cancel my/our participation, I will contact the YMCA immediately so that scholarship can be applied to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature	Date
-----------	------

YMCA OFFICE USE ONLY

Application Review (print name)		Member Contact Date	
Household FT-ID		<input type="checkbox"/> Denied (reason):	
<input type="checkbox"/> Approved	Membership %		
	Program %		
Final Review/Authorization (Print Name)			