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YWCA Cortland Scholarship Fund Application – Adult

PLEASE READ: Scholarships are granted based on income, family size, needs, and the availability of YWCA Cortland scholarship funds. Your application will not be reviewed if you fail to include all the information requested on the application.

Application Date: _____ Type of request: Initial☐ Repeat☐

Scholarship for _____ (program/class)

From _____ to _____ (start date & end date)

Name: _____ Date of Birth _____

Address: _____ Primary Phone # _____

Mailing Address (if different from home address):

_____

Number of members in household:

Adults _____ Children _____ Ages of Children _____

Area of applicant's involvement at YWCA Cortland (check all that apply)

☐ Drop-in Care

☐ Here We Grow Daycare Center

☐ School-Age Program (Before & After School and/or Summer Recreation)

☐ Swim Lessons

☐ Gymnastics

☐ Pool

☐ Other, please specify _____

Please ensure that you complete the below and back sections of this application. If incomplete, your application will not be reviewed.

Indebtedness (in dollar amounts)
Medical _____ Dental _____ Car _____ Other _____

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Income Sources (use total annual dollar amounts)

Public assistance benefits _____ Food stamps _____
Veteran's benefits _____ Housing allowance _____
Social Security benefits _____ Unemployment insurance _____
Child support/alimony _____ Other _____

Annual household salary _____
(if you answer here, please fill out the section below)

Parent/Guardian #1 Name _____ Relation to child(ren) _____
Employer _____ Occupation _____
Work Phone _____ Net yearly income (after taxes) _____
Net wages each payday _____ (weekly) _____ (bi-weekly) _____ (other)

Parent/Guardian #2 Name _____ Relation to child(ren) _____
Employer _____ Occupation _____
Work Phone _____ Net yearly income (after taxes) _____
Net wages each payday _____ (weekly) _____ (bi-weekly) _____ (other)

I have reviewed this scholarship application and I certify that the above information is true and correct to the best of my knowledge. In signing below, I understand that my application will not be reviewed if all sections are not completed.

Applicant Signature _____ Date _____

OFFICE USE ONLY

Date of application review _____ Eligible for scholarship: Yes ☐ No ☐

Scholarship #1 granted: Yes ☐ No ☐ Scholarship #2 granted: Yes ☐ No ☐

Total amount granted: _____ Scholarship coverage from _____ to _____

Reviewed by: _____ Reviewer Signature: _____

Approved by: _____ Director Signature: _____

NOTES: