

YWCA Cortland Scholarship Fund Application – Child

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)

Child's Name: _____

Child's Date of Birth: _____

Child's Home Address:

Parent/Guardian Name: _____

Parent/Guardian Primary Phone: _____

Parent/Guardian Address (if different from child's listed above)

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 _____

Indebtedness (in dollar amounts)

Medical _____ Dental _____ Car _____ Other _____

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 on behalf of my child, 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.

Parent/Guardian of 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: