

# YWCA FITNESS & POOL SCHOLARSHIP APPLICATION

YWCA, 320 E. MARKET ST., YORK, PA 17403 PHONE: 717-845-2631 FAX: 717-846-9181

## PLEASE PRINT

APPLICANT'S NAME \_\_\_\_\_  
First Middle Last

BIRTHDAY: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT OR GUARDIAN'S NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

TOTAL NUMBER OF FAMILY MEMBERS IN YOUR HOUSEHOLD: \_\_\_\_\_ NUMBER OF DEPENDENTS: \_\_\_\_\_

RECEIVED YWCA ASSISTANCE BEFORE: YES or NO IF YES, IN WHAT AREA: \_\_\_\_\_

PROGRAM PREFERRED (Circle One) 3-Month Fitness Ticket Swimming Lessons GOTR Synchro

SCHOLARSHIPS ARE NOT AVAILABLE FOR ANNUAL MEMBERSHIPS OR SEMI-PRIVATE SWIMMING LESSONS.  
SCHOLARSHIPS CAN NOT BE APPLIED TO MEMBERSHIP FEES OR ACCESS KEY CARD FEES.

PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS IS NEEDED BEFORE ASSISTANCE CAN BE GRANTED.  
(USE MONTHLY AMOUNT)

EMPLOYMENT: \_\_\_\_\_ FOOD STAMPS: \_\_\_\_\_ 1040 TAX FORM: \_\_\_\_\_

PUBLIC ASSISTANCE: \_\_\_\_\_ UNEMPLOYMENT: \_\_\_\_\_ LETTER FROM DPW: \_\_\_\_\_

CHILD SUPPORT ORDER: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_ TWO RECENT PAY STUBS: \_\_\_\_\_

ALIMONY: \_\_\_\_\_ \*DISABILITY: \_\_\_\_\_ PROOF OF SUPPORT: \_\_\_\_\_

\*MUST HAVE DOCTOR'S RELEASE

THE INFORMATION PROVIDED IS TRUE AND ACCURATE. I UNDERSTAND ALL INFORMATION IS CONFIDENTIAL.

APPLICANT OR GUARDIAN SIGNATURE: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

**PLEASE ALLOW 2-3 WEEKS FOR PROCESSING.**

For internal use: Approved _____ Denied _____ Date _____
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