



Kerr County YMCA
P. O. Box 290188
Kerrville, Texas 78029
830-896-8000
830-896-6909 fax

Y Partners Scholarship Application

The Kerr County YMCA is a not-for-profit, health and human services organization committed to helping people reach their full potential in spirit, mind and body. YMCAs are here to serve people of all ages, backgrounds, abilities and incomes. The YMCA is community-based and believes that its programs and services should be available to everyone. That's why the YMCA offers a Y Partners Scholarship program. The Y Partners scholarship program is designed to fit each individual's financial situation. The YMCA believes a strong sense of ownership and pride is developed if the recipient has contributed to the cost of their YMCA involvement; therefore you may be asked to pay some portion of the fees.

The funds available for Scholarships are made possible through the generosity of our donors in the Y Partners annual fundraising campaign, Kerr County United Way, and other funders.

The YMCA requires that individuals provide the requested information on the attached form regarding income and family size so that it can provide scholarships in a fair and consistent manner. All information will be kept confidential. The YMCA also requires that you re-apply when requested in order to keep information on your application updated.

A YMCA representative, based on a thorough review of the application, will determine scholarship eligibility. Scholarships will be awarded on a first come, first served basis, subject to available resources. Please allow up to three weeks to process your application.

All YMCA participants receive the same program benefits, regardless of whether or not they are receiving a scholarship. As a YMCA participant, you can feel great knowing that you are involved in an organization that cares greatly for the health and well-being of people and is committed to building strong kids, strong families and strong communities.

To process your application, the YMCA will need all required documentation listed below. If all information requested is not received at the time of application, your application will not be processed. Once your application has been processed, certain circumstances may require the YMCA to request additional information. If you have any questions regarding the information requested, please ask a YMCA representative.

Documentation required at application time:

- One month of current pay stubs for all working adults in household
- Last year's tax return with all schedules (if self-employed)
- Proof of Child Support
- Proof of Government funding (TANF)
- Proof of all other income (letter or check for workers compensation/unemployment, etc.)
- Proof of residency in the form of a utility bill or lease agreement

Kerr County YMCA Scholarship Application

Date: _____

Child's School: _____

Participant's Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____

Scholarship requested for:

___ Youth Sports ___ After School Care ___ Preschool ___ Summer Day Camp ___ Other: _____

Parent's Name #1: _____ Date of Birth: _____

Place of Employment: _____ Work Phone: _____

Alt. Phone: _____

Weekly Hours: _____ Rate of Pay: _____ Paid Weekly Bi-weekly 1st & 15th Monthly

Parent's Name #2: _____ Date of Birth: _____

Place of Employment: _____ Work Phone: _____

Alt. Phone: _____

Weekly Hours: _____ Rate of Pay: _____ Paid Weekly Bi-weekly 1st & 15th Monthly

Gross Monthly Family Income:

Parent #1	Employment \$ _____	Parent #2	Employment \$ _____
	Child Support \$ _____		Child Support \$ _____
	Gov't Assistance \$ _____		Gov't Assistance \$ _____
	Other \$ _____		Other \$ _____

Please circle ways that you are interested in volunteering for the YMCA.

Clerical Sports Childcare Building and Grounds Basic Auto Maintenances Fundraising

List All Household Members Including Applicant/Parent and/or Spouse

First Name	Last Name	Gender	Age	Relationship to Applicant

Including yourself, what is the total number of household members? _____

Describe any unusual circumstances or expenses that you feel we need to know about when reviewing your application: _____

I certify that the above information is true and complete to the best of my knowledge. I agree to inform Kerr County YMCA of any change in my financial situation. I understand that false information could jeopardize my financial assistance.

Applicant Signature: _____

Date: _____