



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Palestine YMCA Scholarship Program

The Palestine YMCA is a not-for-profit organization committed to helping people grow in spirit, mind and body. The YMCA is community-based and here to serve people of all ages, backgrounds, abilities and incomes. Scholarships are awarded based on a sliding fee scale that is designed to fit each individual's financial situation.

Please provide the requested information on the attached form regarding income, family size and any other information regarding your family's financial situation so that we can provide scholarships in a fair and consistent manner. The YMCA also requires that individuals reapply on a yearly basis, or upon request, to keep the information on their application updated.

Your fees are subject to change when you reapply. If you do not reapply when requested, your enrollment in the scholarship program may be terminated.

To process your application, you will need to provide copies of all of the following that apply to you:

- Application completed
- Tax form (Form 1040)
- Food Stamps information
- Welfare Information
- Two pay stubs can be submitted if tax information unavailable

Note: If you do not have a copy of your tax return, you may obtain one by calling the IRS at 1.800.829.1040. If you did not file taxes last year, or if you do not have the other documents requested, please explain your personal situation on the application form. Thank you for your interest in the Palestine YMCA. All requests for scholarships will be held in strictest confidence.

Why are you applying for a YMCA Scholarship? Select all that apply

_____ Membership _____ Swim Lessons _____ After School Program _____ Other

Please allow up to 2 weeks to process your application.

Palestine YMCA, 5500 N. Loop 256, Palestine, TX 75801 (903) 729-3139 Fax (903) 729-7232

Mission Statement: *To put Christian principles such as caring, honesty, respect and responsibility into practice through programs that build healthy spirit, mind, and body for all.*

Father's Name: _____ **DOB** _____ **Marital Status** _____

Social Security #: _____

Present Employer: _____

Monthly Income: \$ _____

Mother's Name: _____ DOB _____ Marital Status _____

Social Security #: _____

Present Employer: _____

Monthly Income: \$ _____

Children's Names	DOB	Gender
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Address	Phone
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_____ (H)

_____ (C)

Please explain if you cannot provide documentation of your household income:

Please list any extenuating circumstances that will assist us in determining your eligibility for a scholarship:

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

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Staff Receiving form

Scholarship % awarded _____ Begin Date: _____ End Date: