



Final Financial Assistance: _____ %
Staff: _____ Date: _____

Santa Maria Valley YMCA 2025 Scholarship Application

1. General Information

☐ New Application ☐ Renewal

First Name _____ Last Name _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

2. Which program(s) you are applying to?

Membership: ☐ Youth (0-13) ☐ Student (14-17) ☐ Adult (18+) ☐ Couple ☐ Family

☐ Senior (62+) ☐ Senior Couple (62+)

Program: ☐ Preschool Care ☐ Swimming Lessons ☐ Camp ☐ Youth Sports ☐ Other

Do you have a Y story you would like to share with us?

Household Size: # of Adults _____

Children (under age 18) _____

Household Member Names:

Employer/School

Age

Parent 1: _____

Parent 2: _____

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

Child 5: _____

3. Financial Information

Explain why you would like to be considered for a YMCA program scholarship. Include any special circumstances. (i.e. special needs, foster youth, exchange student, medical bills, illness, unemployment)

Monthly Household Income

Monthly Salary: \$ _____
Monthly Child Support received: \$ _____
Monthly Social Security Income: \$ _____
Monthly Unemployment: \$ _____
Monthly Other (family support): \$ _____
Total Monthly Income: \$ _____

Annual Gross Household Income

Annual Salary: \$ _____
Annual Child Support: \$ _____
Annual Social Security Income: \$ _____
Annual Unemployment: \$ _____
Annual Other (family support): \$ _____
Total Annual Gross Household Income: \$ _____

Has your income changed since last year? If yes, explain:

Are you a full-time college student? YES NO If yes, please attach proof of units. Attached? YES NO

Are you responsible for your monthly rent? If not, where do you live? Who is responsible for your rent?

At least (2) of the following documents must be provided for adults living in the household. If you are not providing this document with your application, please explain why on space provided.

- ☐ Most recent federal income tax returns: _____
- ☐ W-2s, and other records of money earned (for all household members): _____
- ☐ Federal or state agency award letter (e.g. AFDC, Social Security, 1099A, SSI): _____
- ☐ One month bank statements reflective of total household income: _____
- ☐ Records of untaxed income (if applicable): _____
- ☐ Last 2 pay stubs: _____

I certify that the above information is true and complete to the best of my knowledge.

Applicant Signature

Date

*Return this completed form and documentation to the Santa Maria Valley YMCA.
Phone (805) 937-8521*

FOR OFFICE USE ONLY

Staff Received App: _____ Date: _____ Did submit ALL forms? _____

Percentage of YMCA Financial Assistance: _____ Initials: _____ Notes: _____

Staff who contacted applicant: _____ Date: _____