



Final Financial Assistance: \_\_\_\_\_%  
Staff: \_\_\_\_\_ Date: \_\_\_\_\_

## Santa Maria Valley YMCA 2026 Scholarship Application

### 1. General Information

☐ New Application   ☐ Renewal

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 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?

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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)

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**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**  
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Staff Received App: \_\_\_\_\_ Date: \_\_\_\_\_ Did submit ALL forms? \_\_\_\_\_

Percentage of YMCA Financial Assistance: \_\_\_\_\_ Initials: \_\_\_\_\_ Notes: \_\_\_\_\_

\_\_\_\_\_

Staff who contacted applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Did you upload on: ☐ G-Drive ☐ % on Account ☐ Daxko Documents