

DOCUMENTATION NEEDED FOR SCHOLARSHIP APPROVAL PROCESS

Documentation required at time of application includes:

Household income: For both working adults within the household, please provide **ONE** of the following:

- Tax Return (Current year required after April 15)
- Two months of current pay stubs

* If you do not file a tax return, call the IRS at (800) 829-1040 or go to www.irs.gov to download Form 4506-T and request a Verification of

Non-Filing letter to submit in lieu of the tax return. You will then need to provide additional proof of other income (i.e child support, food stamps.)

Other Documentation:

- Proof of government funds, such as housing, Social Security, disability, etc.
- Proof of child support payments
- Proof of all other income such as contractual work, unemployment checks, etc.
- Proof of dependency, school schedule and school ID if college student
- Copy of all Tax Return schedules if self-employed

Monthly Income Chart

\$ _____ Household's Monthly Gross Income (before deductions)

\$ _____ Monthly Child Support

\$ _____ Monthly Social Security/Disability

\$ _____ Monthly Government Assistance (housing, TANF)

\$ _____ Other Monthly Income (e.g. workers comp, unemployment, investments, add'l household member)

\$ _____ Total Monthly Household Income

Continuing Requirements to Maintain Financial Assistance:

1. **Update contact information, including address, home phone number, work phone number, and cell phone number for all guardians.**
2. **Maintain on going current account status for membership and child care.**
3. **Notification of changes in income for reconsideration of financial assistance needs.**
4. **If you do not re-apply at requested time your scholarship will expire.**
5. **Scholarships are awarded based on income, number of household members and the availability of YMCA funds raised in our Annual Campaign.**
6. **After 2 bank draft returns your scholarship will no longer be active, you can re-apply after 1 year from your scholarship termination date.**



OPEN DOORS SCHOLARSHIP APPLICATION

ADULT 1/PARENT 1	Name: _____ Date of Birth: _____
	Phone(Home): _____ (Work): _____ (Cell): _____
	Address: _____ City: _____ Zip Code: _____
	Email Address: _____ Place of Employment: _____
<input type="checkbox"/> Student, How many hours? _____	
ADULT 2/PARENT 2	Name: _____ Date of Birth: _____
	Phone(Cell): _____ (Work): _____
	Place of Employment: _____
	<input type="checkbox"/> Student, How many hours? _____

How many are in household ? _____

List all dependents, children or adults who are claimed on your tax return:

	First Name	Last Name	Gender	DOB	Relationship to Applicant
1				/ /	
2				/ /	
3				/ /	
4				/ /	
5				/ /	

(Please list additional household members in the note section located on the reverse side.)

Supporting My Community; Supporting the YMCA of Abilene

I would like to contribute to the Annual Scholarship Campaign.

Total gift \$ _____ in Full. Donor Signature: _____

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA of Abilene immediately of any changes in income or family size. I understand that false or incomplete information could jeopardize my financial assistance and that **I must apply again every year.**

Applicant's Signature

Please use the Notes field on the reverse side for further explanations, if needed.

Last Revised 1/2017

Branch/Location: _____

Date: _____

Head of Household: _____

Member#: _____