

# Youth Development Afterschool Scholarship Application



## Applicant Information

<b>Name:</b>				
<b>Address:</b>	_____ <i>Address</i>			
	_____	_____	_____	_____
	<i>City</i>	<i>State</i>	<i>Zip</i>	
<b>Phone:</b>	(        )	-		
<b>Email:</b>				

**Household Information:** Please list all members in the household.

Full Name	DOB	Full Name	DOB

**Financial Information:** To verify eligibility, please provide the YMCA with your 2023 1040 tax form OR two recent pay stubs.

My annual income is: \_\_\_\_\_

*I have attached (please circle one)*

2023 1040 TAX FORM

2 RECENT PAY STUBS

**Narrative:** Please describe your family’s need for afterschool child care assistance. How would receiving this scholarship impact your family?

**Acknowledgement:** I understand that this scholarship provides assistance for afterschool for the 2024-2025 school year only. I also understand that the scholarship does not cover overhead costs such as the registration fees, or additional programming such as holiday break camps, All Day Outs, etc.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_