



SANTA MONICA FAMILY YMCA

Young Adult/College Student Scholarship Application

The **Young Adult / College Student** Scholarship program is designed to help support the partial cost of membership fees for **Santa Monica Residents** ages 18-24 years who require financial assistance for their monthly membership dues. Applications must be **COMPLETE** to be considered into the Scholarship Program and granted membership. Provide the following information:

First Name: _____ **Last Name:** _____

Age: 18 19 20 21 22 23 24 **Date of Birth:** _____

Home Address: _____ **Apt or Unit #:** _____

City: Santa Monica **State:** CA **Zip Code:** (circle one) 90401 90402 90403 90404 90405

Phone #: _____ **Email Address:** _____

Have you ever been a member of the Santa Monica YMCA in the past? Yes No membership # _____

Have you ever been awarded a scholarship before from the Y? Yes No if "YES", when _____

Are you a student currently enrolled in school, community college or university? Yes No

School currently attending: _____ **Circle One:** Full Time Part Time

Are you currently employed: Yes No If Yes, how many hours do you work a week? _____

Please list what program(s) or activities you would like to do at the Y?

Statement of Reason (please write a detailed statement why scholarship is needed, use the back if necessary.)

Monthly income: \$_____ (include employment and assistance from family support, student loans/grants, etc.)

Partial Scholarships will be awarded to applicants who qualify. Please indicate the following:

- Amount you can contribute to the Joining Fee? \$_____
- Amount you can contribute to your monthly membership fee? \$_____

Provide a COPY of the following documents with your application:

- Photo ID (school ID **AND** California driver's license or state ID)
- Current Bank Statement showing all deposits and withdrawals (for most recent month).
- If employed, a pay stub and/or current Federal Income taxes showing earnings.
- If attending college/university provide a current class schedule.

Application is NOT complete until you indicate statements below are true.

- I have completed the application including the *Statement of Reason*.
- I have included a copy of the requested documents.
- I am in need of scholarship assistance at this time and unable to pay the full cost of the membership fees.
- I am aware I will be reviewed annually for additional scholarship assistance.

RETURN THE COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO THE FINANCIAL AID DEPARTMENT IN THE ENVELOPE PROVIDED. INCOMPLETE APPLICATIONS WILL BE DENIED.

My signature indicates, I am the individual listed above and all information is true.

Signature of Applicant

Date

