FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Scholarship Application
YMCA OF SAN DIEGO COUNTY

Providing Access for All

The YMCA of San Diego County is dedicated to helping all community members to access facilities and programs. We offer a scholarship program based on household need. The funds awarded to scholarship recipients are provided directly by YMCA donors. To ensure we are responsible stewards of available funds, we ask our applicants to provide documentation to verify household income.

Household income may be shown by Express Verification or Traditional Verification.

Express Verification

Applicants receiving aid from county or state agencies have already undergone a thorough income verification process. We will accept the following for express verification:

• Cash Aid, CalFresh (Food Stamps), CalWorks	Notice of Approval
• Kin-GAP, Foster Care	Notice of Approval
• Medi-Cal	Benefits Identification Card
• Alternative Childcare Payment (CRS/CDA)	Certificate from CRS / Notice of Approval
• WIC	Statement Letter/Voucher
• HUD/Section 8	Statement Letter

Need help accessing your documents? If you receive aid from one of these programs but need a copy of your notice of action, please contact your case worker or visit https://www.mybenefitscalwin.org/ to print out a copy.

Traditional Verification

We will require the following for traditional verification:

- **Most recent tax return** - first two pages of Forms 1040 or 1040A
  - Self-employed individuals must include Schedule C
- **Two most recent pay stubs**
- **Other income verification** (if applicable)
  - **SSI or Disability Statement letter**
  - **Unemployment Benefits**

All applications can be accepted at the Welcome Center. You may also send documents electronically as needed. Should you need further assistance, your Scholarship Specialist is:

Cindy O'Brien
Office Administrator
760.942.9622, ext. 12558
cobrien@ymca.org

Our Mission

The YMCA of San Diego County is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body.

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HOUSEHOLD INFORMATION

Current Member? ☐

Primary Adult Name_____ Date of Birth: ____/____/____

Address: _____

City:_____ State: _____ Zip:_____

Phone: _____ Email _____

Which is your preferred contact? Choose one: ☐ Phone ☐ Email

Under 18?

Household Member 1:_____ Date of Birth: ____/____/____ ☐

Household Member 2: _____ Date of Birth: ____/____/____ ☐

Household Member 3: _____ Date of Birth: ____/____/____ ☐

Household Member 4: _____ Date of Birth: ____/____/____ ☐

Household Member 5: _____ Date of Birth: ____/____/____ ☐

SCHOLARSHIP REQUESTED

MEMBERSHIP – please circle one:

Young Adult (13-25) Adult (25-64) Senior (65+) Dual Couple One Adult Family Two Adult Family

PROGRAMS:

Program Name:_____ Participant(s):_____

Program Name:_____ Participant(s):_____

Program Name:_____ Participant(s):_____

YOUR PERSONAL STORY

Tell us how you feel a scholarship could benefit your household:_____

_____

_____

_____

_____

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HOUSEHOLD INCOME

All adults requesting scholarship must provide verification of income. Please disclose all sources of income.

EXPRESS VERIFICATION: Circle the program that applies:

Preapproval Program

Calworks/Cash Aid	Kin-GAP	Foster Care	Medi-Cal
CalFresh	WIC	HUD/Section 8	Alt. Pay for Childcare (CRS/CDA)

Staff Received (initial) _____ Date Received: _____

TRADITIONAL VERIFICATION:

Adult Name	Income Type	Amount/Frequency	Annual Income	Verified? Staff initial / date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Current Household Annual Income: _____ _____
Recent Federal Tax Return – Adjusted Gross Income (AGI)*: _____ _____

*Traditional applications only. To locate AGI by Tax Return Type:
Form 1040, line 37
Form 1040A, line 21
Schedule C, line 31

SHOULD I NEED TO CONTINUE ASSISTANCE, I UNDERSTAND THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS. MEMBERSHIP FEES ARE SUBJECT TO CHANGE ON MY ANNIVERSARY DATE WITHOUT RENEWAL. I certify that the above information is true and complete to the best of my knowledge, and that I, along with other adults listed, do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarships are awarded based on need. In the event that I, or my children, must cancel my/our participation, I will contact the YMCA immediately so that scholarship can be applied to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature:_____Date:_____

YMCA OFFICE USE ONLY

Application Review (Print Name): _____ Member Contact Date: _____

☐ Approved: Membership _____% ☐ Denied (reason): _____
Program _____% _____

Final Review/Authorization (Print Name): _____