

***THIS FORM MUST BE COMPLETED AND ALL REQUESTED PAPERWORK
MUST BE TURNED IN FOR YOUR APPLICATION TO BE REVIEWED.***



**Odessa Family YMCA
Scholarship Application**

Staff Initials _____

Of People on Scholarship _____

Type of Scholarship _____

Please print information legibly.

Date _____

Main Carrier's First Name		Last Name		F	M
				Sex	
Address	City	State	Zip		
Home Phone	Work Phone	Cell Phone			
Date of Birth	Age	Language Spoken			

***Only family that you claim on your income tax return as dependants can be on membership.
Must provide us with most current income tax return***

	Date of Birth	Age	Sex		School
			F	M	
Spouse's Name					
Dependant's Name			F	M	
Dependant's Name			F	M	
Dependant's Name			F	M	
Dependant's Name			F	M	

INCOME:

Include all monthly income that comes in per household. If living with someone or someone else pays your bills please provide under (Other)

Applicant's Employer:

Company Address

Phone

Occupation:

Employed how long?

Monthly Gross (*amount before taxes*)

Spouse's Employer or (Other):

Company Address

Phone

Occupation:

Employed how long?

Monthly Gross (*amount before taxes*)

How often are you paid:
Weekly Bi - weekly
Semi - Weekly Monthly

How often are you paid:
Weekly Bi - weekly
Semi - Weekly Monthly