



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA Camp Carter (a branch of the YMCA of Fort Worth) Scholarship Program

YMCA Camp Carter and the YMCA of Metropolitan Fort Worth are not-for-profit organizations committed to helping people grow in spirit, mind and body. The YMCA is community-based and is here to serve people of all ages, backgrounds, abilities and incomes. Scholarships are awarded based on a sliding fee scale that is designed to fit each individual's financial situation. Over the years, we have found that the scholarship program is most utilized by:

- ◆ Youth referred by schools, churches and organizations.
- ◆ Adults who are temporarily out of work
- ◆ Single Parents with limited incomes
- ◆ People on fixed incomes
- ◆ People who are overwhelmed by medical bills
- ◆ Those experiencing other financial hardships

Please provide the requested information on the attached form regarding income, family size and any other information regarding your family's financial situation so that we can provide scholarships in a fair and consistent manner. The YMCA also requires that individuals reapply when requested to keep the information on their application updated.

Your fees are subject to change when you reapply. If you do not reapply when requested, your enrollment may be terminated.

To process your application, you will need to provide copies of the following information: (Please do not submit original documents – photocopies only)

- Last two (2) consecutive payroll check stubs OR a letter from your employer on company letterhead verifying salary with the following information listed:
 - (a) Hours per week
 - (b) Hourly rate of pay
 - (c) How often pay is received
- Proof of Child Support
- Proof of Alimony
- Proof of Unemployment
- Proof of Food Stamps
- Proof of AFDC
- Proof of SSA/SSI
- Proof of Parental Support
- Proof of Housing Subsidy
- Proof of Worker's Compensation
- Copy of the last year's tax return (Pages 1 & 2 only)

NOTE: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service at 1.800.829.1040. If you did not file taxes last year, or if you don't have the other documents required, please explain your personal situation on the application form. Thank you again for your interest in the YMCA of Metropolitan Fort Worth. All requests for scholarships will be held in the strictest confidence. Funds are made available through the United Way of Tarrant County, federal, state, local governments and the contributions made to the YMCA. Please complete the following application along with the requested income verification and return all documents to the branch business office.

Please allow up to 2 weeks to process your application.

**YMCA OF METROPOLITAN FORT WORTH SCHOLARSHIP
APPLICATION**

APPLICANTS INFORMATION	OTHER ADULT IN HOUSEHOLD INFO.
NAME_____	NAME_____
HOME ADDRESS_____	HOME ADDRESS_____
CITY_____ZIP_____	CITY_____ZIP_____
HOME PHONE:(_____-_____-_____	HOME PHONE:(_____-_____-_____
EMAIL_____	EMAIL_____

Dear YMCA Scholarship Committee,

The reason I am requesting financial assistance is:

I feel that this assistance will benefit, enhance and/or change my, my child(ren) or my family's life in the following ways:

Please list any extenuating circumstances or additional reasons for applying that are not obtainable from the attached financial documentation (such as job hour reductions or changes in family make-up)

List all persons living in household (including yourself, other adults and all children)

NAME FIRST/LAST		SCHOOL/EMPLOYER	BIRTH DATE	AGE	SEX
Attached or N/A	GROSS INCOME	APPLICANT	HOW OFTEN	OTHER ADULTS	HOW OFTEN
	EMPLOYMENT/WAGES	\$		\$	
	CHILD SUPPORT	\$		\$	
	ALIMONY	\$		\$	
	UNEMPLOYMENT	\$		\$	
	FOOD STAMPS	\$		\$	
	AFDC	\$		\$	
	SSA/SSI	\$		\$	
	PARENTAL SUPPORT	\$		\$	
	HOUSING SUBSIDY	\$		\$	
	OTHER	\$		\$	

You must turn in documentation of all applicable income listed above.

Why are you applying for a YMCA Camp Carter Scholarship? *Select all that apply

Overnight Camp

Day Camp

Other Program: _____

I certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in my income or family size. I understand that false information could jeopardize my financial assistance. **Return to camper@ymcafw.org or fax to 817-731-1673.**

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

Date received _____ Staff receiving form _____

Activity/Program applying for _____ Scholarship % awarded _____

Scholarship begin date _____ Scholarship end date _____