

Wenatchee Valley YMCA Youth / Young Adult Scholarship Application Annual Financial Assistance Program

The Wenatchee Valley YMCA is committed to never deny a child participation because of an inability to pay. The scholarship program is made possible by passionate and committed volunteers and private and corporate generous donors who give to the YMCA's annual Partners with Youth Campaign. A copy of the Y's Scholarship Financial Assistance Policy is available at www.wenymca.org. Applicants are requested to contact the Chief Executive Officer if they feel that the Y is not keeping its commitment.

HOUSEHOLD INFORMATION

ANNUAL HOUSEHOLD INCOME: _____ NUMBER OF PEOPLE IN THE HOUSEHOLD: _____

PRIMARY ADULT INFORMATION

 FIRST NAME MIDDLE NAME LAST NAME DATE OF BIRTH GENDER

 ADDRESS CITY STATE ZIP CODE

PHONE NUMBER: _____ HOME / CELL PHONE CARRIER: _____
 ALLOW PHONE NOTIFICATIONS: YES / NO

EMAIL ADDRESS: _____

RACE/ETHNICITY: ASIAN/PACIFIC ISLANDER BLACK /AFRICAN AMERICAN CAUCASIAN/WHITE LATINO OTHER: _____

SECONDARY ADULT INFORMATION

 FIRST NAME MIDDLE NAME LAST NAME DATE OF BIRTH GENDER

PHONE NUMBER: _____ HOME / CELL PHONE CARRIER: _____
 ALLOW PHONE NOTIFICATIONS: YES / NO

EMAIL ADDRESS: _____

RACE/ETHNICITY: ASIAN/PACIFIC ISLANDER BLACK /AFRICAN AMERICAN CAUCASIAN/WHITE LATINO OTHER: _____

DEPENDENTS

 FIRST NAME MIDDLE NAME LAST NAME DATE OF BIRTH GENDER

RACE/ETHNICITY: ASIAN/PACIFIC ISLANDER BLACK /AFRICAN AMERICAN CAUCASIAN/WHITE LATINO OTHER: _____

 FIRST NAME MIDDLE NAME LAST NAME DATE OF BIRTH GENDER

RACE/ETHNICITY: ASIAN/PACIFIC ISLANDER BLACK /AFRICAN AMERICAN CAUCASIAN/WHITE LATINO OTHER: _____

 FIRST NAME MIDDLE NAME LAST NAME DATE OF BIRTH GENDER

RACE/ETHNICITY: ASIAN/PACIFIC ISLANDER BLACK /AFRICAN AMERICAN CAUCASIAN/WHITE LATINO OTHER: _____

 FIRST NAME MIDDLE NAME LAST NAME DATE OF BIRTH GENDER

RACE/ETHNICITY: ASIAN/PACIFIC ISLANDER BLACK /AFRICAN AMERICAN CAUCASIAN/WHITE LATINO OTHER: _____

I hereby apply for Wenatchee Valley YMCA Financial Assistance for the above named child. I certify that I am financially unable to pay the regular fees. If you need additional assistance, please call the Y to request a scholarship meeting. You will be asked to submit additional information based on Washington's Subsidy Guidelines for additional support. Scholarships will generally be available within 3 weeks of submitted application. You will receive an email confirming your scholarship award and if anything else is needed in order to proceed. If you are unsure about a scholarship application status, contact the Y at 509-662-2109.

Parent/Guardian Name: _____ Date: _____

