



# Scholarship Request

Program: \_\_\_\_\_

Child's name: \_\_\_\_\_ Home telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Do you (check one): Own \_\_\_\_\_ Rent \_\_\_\_\_

Monthly mortgage: \_\_\_\_\_ Monthly rent: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Employer's name: \_\_\_\_\_ Employer's name: \_\_\_\_\_

Total household monthly income: \_\_\_\_\_

Total number of persons in the household: \_\_\_\_\_

Total number of dependants in the household: \_\_\_\_\_

What amount of the total fee are you able to contribute? \_\_\_\_\_

What is the family's program history at the YMCA for the last 12 months? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW:**

I certify that the information above is true and complete and I understand that any misrepresentation of the above information may result in the rejection of this application. I also give my permission for the Cambridge YMCA to verify the above information.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please feel free to add comments or questions to the back of this form