

# YWCA FINANCIAL AID FORM



YWCA Corpus Christi  
4601 Corona Drive  
Corpus Christi, TX 78411  
ATTN: Financial Aid Office

## CONFIDENTIAL

Please Complete All Information  
Information not completed may delay financial aid approval.

Applicant's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

### Employment:

Your Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_ DOB \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Are any other adults living in your household employed?  Yes  No

If yes, please explain: \_\_\_\_\_

### Dependent Children Living in Household:

Name	Age	DOB	Name	Age	DOB
1) _____			4) _____		
2) _____			5) _____		
3) _____			6) _____		

### Monthly Household Income:

Wages: \$ \_\_\_\_\_  
SSI: \$ \_\_\_\_\_  
AFDC: \$ \_\_\_\_\_  
Unemployment: \$ \_\_\_\_\_  
Disability: \$ \_\_\_\_\_  
Welfare: \$ \_\_\_\_\_  
Food Stamps \$ \_\_\_\_\_  
Workman's Comp: \$ \_\_\_\_\_  
Child Support Income: \$ \_\_\_\_\_  
Other Income: \$ \_\_\_\_\_  
**Total Monthly Income: \$ \_\_\_\_\_**

**MUST attach proof  
of all current  
income.**

**Please attach a copy of your latest income tax return to verify income. If no tax return, you MUST attach proof of current income.**

Type of assistance you are requesting:

- Membership**     Single     Mem/Spouse     Family     Single w/Child  
 Student Single     St. Mem/Spouse     St. Family     St. Single w/Child  
 Senior Single     Senior Mem/Spouse

**Program**    Name: \_\_\_\_\_ Session: \_\_\_\_\_

**Child Care Connection**     Infant     Toddler     Preschool

Age of Child: \_\_\_\_\_

Have you received financial assistance in the past from the YWCA?     Yes     No  
If so, for what program? \_\_\_\_\_

Explain why you would like to be considered for financial assistance for this YWCA program. Please include special circumstances or extraordinary family expenses (such as medical, child support, alimony, loans, education, etc.)

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When would you be willing to volunteer your time to do some work for the YWCA?     Yes     No  
Special Skills: \_\_\_\_\_ Days/Hours per week available? \_\_\_\_\_

*The statements and responses I have given are true and correct. I have read and fully understand my obligations, as outlined in "Financial Assistance Important Information," and I agree to abide by these requirements.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

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## For Official YWCA Use Only

Type of Member/Program: \_\_\_\_\_

Comments:

Membership/Program Fee: \$ \_\_\_\_\_

Scholarship Amount: \$ \_\_\_\_\_

Amount Paid by Applicant: \$ \_\_\_\_\_

Percent Discounted: \_\_\_\_\_

Approved:     Yes     No

\_\_\_\_\_  
Authorized YWCA Signature

\_\_\_\_\_  
Date