

YWCA FINANCIAL AID FORM



YWCA Corpus Christi
4601 Corona Drive
Corpus Christi, TX 78411
ATTN: Fitness Connection

CONFIDENTIAL
Please Complete All Information

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.

REQUIREMENTS for SCHOLARSHIP:

Low Income

Commitment to come to YWCA at least 3 times a week

Willingness to volunteer at YWCA as needed

Type of assistance you are requesting: **Fitness Connection Membership**

Single

Mem/Spouse

Family

Single w/Child

Senior Single

Senior Mem/Spouse

Are you: (check one)

Student (ID)

Military (ID)

Veteran

Why do you request a scholarship for Therapeutic Recreation at YWCA?

Amount you can pay each month toward your membership: \$_____

When would you be willing to volunteer your time to do some work for the YWCA?

Skills: _____ Days/Hours per week available? _____

- If unable to volunteer how else can you contribute to the YWCA?

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

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