



WILMINGTON FAMILY YMCA

SCHOLARSHIP APPLICATION

Received By: _____

Applicant's Information

Name: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Work Phone: _____
Birthdate: ___/___/___ Sex: M F Employer: _____

Spouse's Information

Name: _____ Email: _____
Home Phone: _____ Cell: _____ Work Phone: _____
Birthdate: ___/___/___ Sex: M F Employer: _____

Dependents (Ages 23 & Under in Household)

1. Name: _____ Birthdate: ___/___/___ Sex: M F Relationship to Applicant: _____
2. Name: _____ Birthdate: ___/___/___ Sex: M F Relationship to Applicant: _____
3. Name: _____ Birthdate: ___/___/___ Sex: M F Relationship to Applicant: _____
4. Name: _____ Birthdate: ___/___/___ Sex: M F Relationship to Applicant: _____
5. Name: _____ Birthdate: ___/___/___ Sex: M F Relationship to Applicant: _____
6. Name: _____ Birthdate: ___/___/___ Sex: M F Relationship to Applicant: _____

Are you a current Y Member? Yes No

Type of Membership Requested:

Young Adult Adult Adult w/ Dependents Family Senior Senior Family

Type of Program Requested:

Youth Sports Afterschool Summer Camp Swim Team Swim Lessons

You must provide a tax return in order to receive an adjusted rate. If you are not required to file taxes, please present a statement of non-filing, which can be obtained for free by calling 1-800-829-1040 **OR** please visit <https://www.irs.gov/individuals/get-transcript>. In addition to this form, official documentation of any other income (i.e. social security, disability, unemployment) must be provided to substantiate your status. _____ Initials

Pathways scholarships must be renewed annually. You will be notified 90, 60, and 30 days in advance of your renewal date informing you to resubmit your application. To continue at a discounted rate, you must provide the appropriate documents to verify current household income just as you did at the time you applied. If you do not renew your Pathways scholarship application by your renewal date, the discount will be removed and you will be charged the full rate and will not be refunded. _____ Initials

It is your responsibility to update us with phone numbers, mailing address, email address, etc. If you fail to update us, you will still be held responsible for fees incurred and you will not be refunded. Please verify Phone Number _____ Mailing Address _____ and Email _____. **Please initial all boxes for accuracy and legibility.**

We are committed to serving all people in our community regardless of income. The Y believes a strong sense of ownership and pride are developed when participants contribute to the cost of their Y involvement. Therefore, applicants will be asked to pay a portion of their fees. Membership fees are paid annually, semi-annually, or placed on a monthly bank-draft. No other payment schedules will be accepted. Program fees will be paid according to the program fee structure.

Please be advised that it is YOUR responsibility to call the Membership Desk 5-10 days after submission of this application to be made aware of your scholarship award. Our staff will inform you of your discounts and instruct you on how to proceed. You may visit our facility in person to take advantage of your award or visit our website www.wilmingtonfamilyymca.org to log on to your account, register for programs, apply your discounts, and make payment.

By signing, I certify that I have read the above statement and all information is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

Office Use Only

Membership Type: _____ Amount of Discount: _____ %
Program Type: _____ Amount of Discount: _____ %