

**YMCA of Orange County**  
13821 Newport Avenue  
Tustin, CA 92780-7803  
714-549-9622

## **PARTNER WITH YOUTH SCHOLARSHIP APPLICATION**

Programs of the YMCA of Orange County shall be available to all, regardless of age, sex, and ethnic origin.

Applications for Partner with Youth scholarships will be reviewed to determine the financial need of the applicant to participate in the desired program. Those not able to pay the fee may be awarded a scholarship based on their demonstrated ability to pay and the availability of YMCA's scholarships.

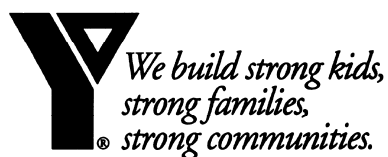
### **Eligibility:**

1. Applicants must work or reside within the YMCA branch service area.
2. Partner with Youth Scholarships will be granted on the basis of financial need as demonstrated to the YMCA.
3. The objective criteria for qualifying applicants are set forth within the Partner with Youth Scholarships Policy (available by request) and eligibility of funds determined by the Partner with Youth Scholarship Sliding Scale.

### **Application:**

Applications are available at any YMCA of Orange County branch location. All applications must be completed thoroughly and accurately and include a copy of either the applicant's last three (3) pay stubs or last income tax return. *All applications and related records will be kept confidential.*

- \* Note: Staff review of applications will take a minimum of (5) five working days after receiving completed materials from the applicant.



**YMCA of Orange County**  
**Partner with Youth Scholarship Application**

Parent/Guardian Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_  
(if applicable)

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Child's School \_\_\_\_\_ (if applicable)

Child lives with \_\_\_\_\_ Number of family members \_\_\_\_\_ (if applicable)

Mother/Spouse Name \_\_\_\_\_

Current Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Father/Spouse Name \_\_\_\_\_

Current Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Are you presently enrolled in school? \_\_\_\_\_ Full time/Part time? \_\_\_\_\_

Social Services Case Worker (if applicable) \_\_\_\_\_

Case Number (required) \_\_\_\_\_

Phone Number \_\_\_\_\_

Program Applying For: \_\_\_\_\_ Fee \$ \_\_\_\_\_

How much can you afford to pay?: \$ \_\_\_\_\_ Session: \_\_\_\_\_

Please state why you are in need of a Partner with Youth Scholarship:

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

I understand that the YMCA Partner with Youth Scholarship Program is designed to assist the youth, adults and families who would otherwise be unable to participate or who have a particular need for YMCA programs. I agree to notify the YMCA of any change in my income or ability to pay. I am aware that assistance funds are awarded for a maximum of one year, after which time it is my responsibility to reapply. I understand that by signing this form, I authorize the YMCA to obtain credit information. All information is subject to verification.

Parent Signature \_\_\_\_\_ Date Completed \_\_\_\_\_



# YMCA of Orange County

## Partner with Youth Scholarship Agreement

Parent's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Program \_\_\_\_\_

Starting Date of Agreement \_\_\_\_\_

Ending Date of Agreement \_\_\_\_\_ (Maximum One Year)

Program Fee \$ \_\_\_\_\_

Less Amount From Partner with Youth Campaign \$ \_\_\_\_\_

Amount Paid by Member per Session \$ \_\_\_\_\_

Plus any Applicable Registration/Membership Fees \$ \_\_\_\_\_

The terms of this agreement are as follows:

1. Member will pay their portion of the YMCA program fee prior to the beginning of each session.
2. Member understands that the YMCA Partner with Youth Scholarship is limited and the YMCA reserves the right to discontinue assistance when necessary.
3. Member understands that the YMCA Partner with Youth Scholarships are to help those who would otherwise be unable to participate and/or who have a particular need for the program. Member agrees to re-evaluate their financial position at least annually to determine if greater share of cost may be afforded.
4. Fitness Facility Memberships are required to be paid through the EFT payment system.
5. Falsification of records by applicant will result in the immediate termination of the financial assistance.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ◆ This Partner with Youth scholarship agreement does not imply that recipient is enrolled automatically in any program. Please register and pay appropriate fees for any/all programs.

