



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

SCHOLARSHIP APPLICATION



THE Y IS FOR EVERYONE

The YMCA of Metro Denver believes in building strong, thriving and equitable communities dedicated to the health and well-being of all. Through scholarship opportunities, all individuals and families can learn, grow and thrive at the Y, no matter their financial situation.

PROGRAMS & SERVICES THAT TRANSFORM LIVES

YMCA scholarships are needs-based and can be used toward:

- Membership
- Swim lessons
- Youth sports
- Child care or camp
- Additional YMCA programs that promote health, nurture kids and strengthen community

ABOUT YMCA SCHOLARSHIPS

All scholarships are designed to reduce fees for YMCA programs and services. Financial assistance amounts are determined by the YMCA of Metro Denver and awards are distributed in a fair and consistent manner. Families and individuals are encouraged to reapply every year to continue their scholarships.

To apply, complete the form and follow the submission instructions on the back.

THE APPLICATION PROCESS

Applicants will be notified of any assistance within two weeks of submission of their complete application. Incomplete applications will not be accepted. Unless otherwise specified, scholarships are effective for one year from award date. Applicants must re-apply annually.

QUESTIONS?

Call 720 524 2700 ext. 0 or email scholarships@denverymca.org

SCHOLARSHIP APPLICATION

YMCA OF
METRO DENVER

I AM APPLYING FOR: Check category/categories for which you are applying:

Membership Child Care or Camp Programs (Youth Sports, Swim Lessons, and other)

My household includes ____ adults and ____ children.

I am applying for programs/care for # ____ children.

Location preference (may not apply): Arvada YMCA

Aurora YMCA Downtown YMCA

Littleton YMCA

Southwest YMCA

University Hills YMCA

APPLICANT INFO: Adult/Guardian Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Applicant Employer Name: _____ Employer Address: _____

Annual Income: _____

Spouse Employer Name: _____ Employer Address: _____

Annual Income: _____

Household Gross Annual Income from All Adults: _____

Please list all dependents for scholarship:

Additional Adult: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Other dependents and their ages: _____

CHILD CARE AND CAMP APPLICANT ONLY

Who has custody of the child(ren)? Joint Mom Dad Foster Guardian I do not have custody

Parent/Guardian #1: At home Working In School Parent/Guardian #2: At home Working In School

Please provide a brief description below of your need for assistance, including any special circumstances:

THIS APPLICATION MUST BE RENEWED AT LEAST EVERY 12 MONTHS!

I certify that the above information is true and complete to the best of my knowledge, and that I do not have any additional unclaimed income. To cancel our participation in the assistance program, I will contact the YMCA immediately so sponsorship can be provided to others. I agree, the YMCA reserves the right to request income verification and other supporting documentation. I understand that sponsorship assistance is based on need. Should the YMCA determine I have falsified information on this application, the YMCA reserves the right to cancel my program participation or membership and prohibit future assistance.

Signature of Person Completing this Form

Date

The application may be submitted in person, by mail or emailed.

Mailing address: YMCA of Metro Denver, Solution Center, 2625 S. Colorado Blvd., Denver, CO 80222

Email: scholarships@denverymca.org **Questions?** Email or call 720 524 2700 ext. 0

