

Central Douglas County Family YMCA

Program Scholarship Request Form **Date:** _____

Responsible Person: _____ Relationship: _____ Phone: _____

Mailing Address: _____ City: _____ Zip: _____

Finesstri Number: _____ **Circle One:** Member Community Member

Department of program requested: (circle) **Sports** **Fitness** **Aquatics** **Teen/Fam**

Participant(s)	Age	Requested Program	Program Month/Dates
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Explain why you would like to be considered for financial assistance including any special circumstances:

Household Information: Number of Adults: _____ Number of Children: _____

Total Household Income: _____ Total Household Expenses: _____

Circle if you are receiving: **WIC** **TANF** **Food Stamps** **Child Support**

Office use only

Department: _____ Approved by: _____ Today's Date: _____

	Approved Program dates	Program Fee	Applicants fee	Date fee paid
Participant's Name:				
Comments:				
Participant's Name:				
Comments:				

OFFICE USE ONLY

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