



5 STATEMENT OF NEED: Please use the space below to include any information or extenuating circumstances that were not included on this application.

6 PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS.
REMINDER: THIS APPLICATION MUST BE COMPLETED FOR EACH PARTICIPANT AND PROGRAM YOU ARE APPLYING FOR!

- I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented in this application.
- I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarship assistance is based on need.
- I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.
- The YMCA may ask for clarification of documentation or circumstances. Submitting this application does not guarantee placement in a program.
- Available funds are due to the generous donations of our staff and community as well as community partnerships and grants awarded to the Greater Wichita YMCA Child Care and Camp branch. Continuation of financial assistance is subject to available funds.

 Signature of person completing this form _____ Date

Completed application takes up to 10 business days to process.

OFFICE USE ONLY

Date received: ___/___/___	Date completed: ___/___/___	Award date: ___/___/___
Scholarship Type: circle one YFA UW ECBG OTHER		
Program fee: _____	Scholarship amount: _____	Program fee owed: _____
Contact method & date: _____	Staff Signature: _____	
	Date: ___/___/___	