



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Scholarship Request Form

Programs (Please select the appropriate department)

Youth Sports _____

Membership _____

Fitness _____

Child Care _____

Financial assistance is provided through scholarship funds that are raised through our yearly Step Up for Kids campaign. The McLeod Family YMCA welcomes the opportunity to consider you for our scholarship program. Although we are currently accepting scholarship requests for youth only, we may give special consideration on a case by case basis. The maximum amount of financial assistance will not exceed 50% of program or membership fees.

The following documentation must be included with the scholarship application for consideration:

Letter detailing the reason assistance is being requested and how the child or children will benefit from the program(s) being requested.

The letter cannot be written by a parent, friend or neighbor. Acceptable references include:

Priest or Minister, Counselor or Therapist, School Principal, Teacher or Social Worker

The approval process may take up to two weeks. Applications **must** be returned at least two weeks before program start dates in order to receive consideration. If you have any questions please feel free to call us.

Date Received: _____

Staff Signature: _____

Branch: _____

This form is to help the YMCA ascertain whether or not an individual or family is eligible for reduced membership or program fees. There is no guarantee that the request will result in reduced fees.

MCLEOD MOUNTAINSIDE FAMILY YMCA

12500 Comanche NE

P 505 292 2298 F 505 292 0218

H.B. & LUCILLE HORN FAMILY YMCA

4901 Indian School Rd. NE

P 505 265 6971 F 505 265 0121

ymcacnm.org



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Application

Name of person completing form (Last, First, Middle Initial)

Address (Street/City/State/Zip)

Name of person providing reference letter (Last, First, Middle Initial)

Address (Street/City/State/Zip)

List name(s) of person(s) in need of assistance:

Name (Last, First, Middle Initial)

Relationship

Date of Birth

Have you received financial aid from the YMCA in the past? _____

If yes, please explain: _____

This is a request for reduced:

Membership Fees _____

Membership Type _____

Program Fees _____

Program Name _____

I acknowledge that all information provided in accordance with this scholarship application form are true to the best of my knowledge.

Applicant Signature

Date



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Official Use Only

Branch offering assistance _____

Percentage of Financial Assistance _____

Program(s) to be subsidized _____

Projected dollar amount _____

Effective dates From _____ To _____

Approved by: _____

Description of program(s) and percent of financial assistance:

Denied by: _____

Reason for denial of financial assistance:

Signature of Executive Director Date