

Richard G. Snyder YMCA Campus
Aiden Rupp Swim Lesson Scholarship Application

PLEASE PRINT

Confidential Financial Assistance Application

OFFICE USE ONLY
Received: ___/___/___
Initials: _____

Date: _____
Name: _____
Birthdate: ___/___/___
Address: _____ City: _____
State: ___ Zip: _____
Phone Number: _____
Email: _____
Emergency Contact Name: _____ Phone
Number: _____
Employer: _____

Spouse's Information

Name: _____ Birthdate: ___/___/___
Phone Number: _____
Employer: _____

Yearly Household Income: \$ _____

Family Information

Please list each additional participating household member:

Name: _____ Age: _____
Gender: _____ Birthdate: ___/___/___
Class: _____

Name: _____ Age: _____
Gender: _____ Birthdate: ___/___/___
Class: _____

Name: _____ Age: _____
Gender: _____ Birthdate: ___/___/___
Class: _____

Signature: _____ Date: _____

Please attach a letter stating a reason for your request.

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Office Use Only

Program: _____ Fee: _____

Program: _____ Fee: _____

Program: _____ Fee: _____

Offer Expires: _____