

pearl bates scholarship application

Date Received _____

Membership Expires _____

**FINANCIAL AID IS AWARDED ON A FIRST-COME, FIRST-SERVED BASIS,
AND ONLY IF FUNDS ARE AVAILABLE.**

***Applications must be received at least ten days prior to the start of classes. Please answer all questions.
Applications with unanswered questions will not be considered.***

Name of Applicant: _____ Date of Birth ____/____/____ M F

Address: _____ Phone # (h) _____ (w) _____

Spouse (if applicable): _____

Address: _____ Phone # (h) _____ (w) _____

Mother/Guardian: _____

(If applicant is under 18 years old)

Address: _____ Phone # (h) _____ (w) _____

Father/Guardian: _____

(If applicant is under 18 years old)

Address: _____ Phone # (h) _____ (w) _____

Program Information

Activity: _____ Fee : \$ _____
(Class) (Class Code) (Session)

YWCA After School Program: _____ Fee : \$ _____
(School Site)

YWCA Camp Fee : \$ _____

Pre-camp Fee : \$ _____

After Camp Fee : \$ _____

Total Cost: \$ _____

Amount You Can Pay: \$ _____

Amount You Are Requesting: \$ _____

FINANCIAL INFORMATION

Spouse (if applicable) Occupation: _____ Employed by: _____

Mother/Guardian Occupation: _____ Employed by: _____

Father/Guardian Occupation: _____ Employed by: _____

Please indicate total family income for all members of the household. Total income consists of the following: gross wages and salaries, income from self-employment, alimony, child support, pensions, social security, unemployment, disability and worker's compensation.

_____ unemployed	_____ \$25,000-\$29,999	_____ \$35,000-\$39,999
_____ under \$25,000	_____ \$30,000-\$34,999	_____ \$40,000-\$47,000

Number of family members supported by this income: # Adults _____ # Children _____.

PROOF OF INCOME REQUIRED. Please attach the following: **four consecutive pay stubs, or letters from each employer, and your most recent 1040 US individual tax return. If unemployed, please present documentation showing amount of benefits you are receiving.**

(Please fill out other side)

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How much child support do you receive? _____.

Are there others who contribute to your income? Yes No

If Yes, please explain:

(Relationship/Amount)

Are you receiving CCDF (formerly SSBG), government funding and/or other child care financial assistance? Yes No

Please specify:

Are you a new Bates applicant? Yes No

To help the Bates Committee understand your needs, please explain why you are applying for a scholarship (for example: unusual medical expenses; childcare; etc.).

To the best of my knowledge, all the information above and on the previous page is **COMPLETE AND CORRECT**. Scholarships are awarded on a first-come, first-served basis and only if funds are available. I understand that completion of this form **DOES NOT** necessarily guarantee a scholarship. I understand that a scholarship **WILL NOT** be awarded if there are any payments past due.

Adult Signature

Date