



Today's Date ____/____/____

YWCA Scholarship Application Form

This form must be completed in full in order to be considered. Incomplete forms will not be reviewed.

I. General Information

Applicant Name _____ Age _____ Male/Female _____ DOB ____/____/____

Address _____ City _____ State ____ Zip _____

Home Telephone # _____ Cell Phone # _____

Email Address _____

Name of Parent/Guardian (if applicant is a minor) _____

Are you a YWCA member? (Please circle one) YES / NO

****Basic memberships are \$30 per year. Scholarship recipients are eligible for a scholarship membership fee of \$10 per year. YWCA membership is required of all scholarship recipients.**

II. Financial Qualifications- Please attach a copy of your latest tax return and copies of check stubs for regular sources of income (employment, social security, child support) as a verification of income. **This is required** to consider your request.

Number of people in household _____ Annual household income \$ _____

III. Verification

The information provided in this application is accurate and complete. I understand that failure to provide full and true information will disqualify this application form.

Signature of Applicant _____ Date ____/____/____

Please return completed form to: Scholarship Committee
YWCA Downtown
300 W. 11th St
Sioux Falls, SD 57104

IV. Program Need

Individual applicant

Name of program for which you seek scholarship _____ Program Dates _____

Fee \$ _____ How much of the fee are you able to pay \$ _____

Family Applicant

Please list each family member and the programs for which scholarship funds are requested:

Name _____ Age _____ Program _____ Dates _____ Fee \$ _____

Name _____ Age _____ Program _____ Dates _____ Fee \$ _____

Name _____ Age _____ Program _____ Dates _____ Fee \$ _____

Name _____ Age _____ Program _____ Dates _____ Fee \$ _____

Name _____ Age _____ Program _____ Dates _____ Fee \$ _____

Name _____ Age _____ Program _____ Dates _____ Fee \$ _____

How much of the fees above are you able to pay \$ _____

V. Prior Scholarships Received

Have you or any family members received a scholarship in the past? Yes ____ No ____ If yes, please provide information below:

Date _____ Program _____ Amount _____

Date _____ Program _____ Amount _____

Date _____ Program _____ Amount _____

For office use only

Date application received ____/____/____

Number of awards given _____ Amount of award(s) \$ _____

Approved by _____ Date _____

Award Letter Sent

Declination Letter Sent