



YWCA of HIGH POINT Financial Assistance Form

Interested persons should complete this application and return it to: YWCA 112 Gatewood Avenue, High Point, NC 27262. Each application will be reviewed and applicants will be notified within two weeks as to whether or not they are accepted for scholarship. Scholarships must be taken for the time they are granted. All information must be completed before scholarships will be considered.

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Mailing Address: \_\_\_\_\_  
(If Different from above) (street) (city) (state) (zip)

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Total Household Income: \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly

Number of persons in household: \_\_\_\_\_ Number of Incomes in household \_\_\_\_\_

Have you ever received YWCA Scholarship: \_\_\_\_\_ If yes, when? \_\_\_\_\_

For what program are you requesting assistance:(aquatics, childcare, fitness, etc.) \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Program Interest: \_\_\_\_\_

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Amount of Scholarship requested: Partial \_\_\_\_\_ Total \_\_\_\_\_

Reasons for desiring financial assistance:

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References: Business:

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Personal:

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All Information Will Be Kept Confidential

For Office Use Only:	
Interview: _____	Interviewer: _____
Approved: _____ (Date)	Disapproved: _____ (Date)
Amount Given: _____	
Date to be reviewed again: _____	
Program Director _____ (signature)	_____ (date)
Executive Director: _____ (signature)	_____ (date)