



# FIND YOUR POTENTIAL

## Westport Weston Family YMCA 2022 LIFEGUARD SCHOLARSHIP APPLICATION

Date of Application: \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Day phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital status: \_\_\_\_\_

### PARENT/GARDIAN INFORMATION

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Day phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital status: \_\_\_\_\_

**Complete all sections of this application. Incomplete applications will not be processed.**

**IF THERE IS ANY CHANGE IN YOUR STATUS UPON COMPLETION OF THIS APPLICATION, YOU ARE REQUIRED TO CONTACT US.**

All scholarship decisions are made without regard to race, creed, color, religion, or national origin. Information will be kept confidential.

Please allow at least three weeks for processing.

Please return all applications to:

Westport Weston Family Y

Attn: Julia Marshella

14 Raymond Lane

Westport, CT 06880

Phone: 203-226-8984 | Fax: 203-226-2607

## FINANCIAL INFORMATION

### 1. Income (please list all sources including state and local assistance and other agencies or organizations):

(\$ per month)

Gross wages: \_\_\_\_\_

Social Security: \_\_\_\_\_

Unemployment  
Compensation: \_\_\_\_\_

Workers Comp: \_\_\_\_\_

Pensions: \_\_\_\_\_

Disability: \_\_\_\_\_

Alimony and/or  
Child Support: \_\_\_\_\_

Public Assistance:  
(list sources): \_\_\_\_\_

Other (rents, family, etc): \_\_\_\_\_

Interest and/or  
Dividends: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

### 2. Liquid Assets:

(\$ per month)

Checking Accounts: \_\_\_\_\_

Savings Accounts: \_\_\_\_\_

Stocks/Bonds: \_\_\_\_\_

Property other than  
Primary residence: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

### 3. Family Assets

#### REAL ESTATE

Address 1: \_\_\_\_\_

City: \_\_\_\_\_

Estimated Value: \$ \_\_\_\_\_ Year of Purchase: \_\_\_\_\_

Equity: \$ \_\_\_\_\_ Mortgage: \$ \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

Estimated Value: \$ \_\_\_\_\_ Year of Purchase: \_\_\_\_\_

Equity: \$ \_\_\_\_\_ Mortgage: \$ \_\_\_\_\_

#### MOTOR VEHICLES

Make/Model 1: \_\_\_\_\_ Year: \_\_\_\_\_

Market Value: \$ \_\_\_\_\_

Make/Model 2: \_\_\_\_\_ Year: \_\_\_\_\_

Market Value: \$ \_\_\_\_\_

### 4. Tax Returns

Attach copies of current year's Federal tax return form 1040, 1040A or 1040 EZ and supporting W2 forms. If separated or divorced please include both parents'/guardian's Federal tax returns and W2 forms if possible. If current tax return has not been filed yet, please attach a copy of your last year's tax return in addition to copies of current year's W2 forms and your filing of estimated liability for the current year.

### 5. Narrative

Please attach a detailed narrative explaining your current situation and the benefit that will be received if financial assistance is provided. Address what services, if any, would be used in the event that financial aid is not provided; and as a result, attendance in our program would not be possible. Please include any additional information you feel would be helpful to us in making a decision regarding your application for scholarship.

### 6. The applicant certifies that the above statements are true and complete and authorizes verification by the Westport Weston Family YMCA

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/gardian (if applicable)

\_\_\_\_\_  
Date

#### Financial Assistance Application Checklist:

1. Both pages are complete.
2. Form is signed and dated by applicant(s).
3. Copy of current tax returns and W2 Form(s) are included.
4. Narrative is included.