



## MARYLAND Y YOUTH & GOVERNMENT SCHOLARSHIP APPLICATION

This form must be completed by a parent/guardian. Complete all steps and submit application/supporting documents. Scholarships will be awarded on a rolling basis and based on the need of the applicant. Participants will be informed via email and the amount will be deducted from the total due to register.

Student Name: \_\_\_\_\_ Delegation or School: \_\_\_\_\_

### STEP 1 Enter Household Information:

Head of Household First / Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

Check One: Single:  Married:  Separated:  Employment Status: \_\_\_\_\_

### List full names and ages of everyone residing in your household:

	First Name, Last Name	Age	DOB MM/DD/YY	Sex	Relationship i.e. spouse, son, etc	Employment Status i.e. working part time, student, etc
1.	_____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
2.	_____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
3.	_____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
4.	_____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
5.	_____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

(Please use an additional application OR attach another document if you need extra space for additional names.)

### STEP 2 Verify current total household income and submit supporting documents:

A) What is the current **combined** annual household income? \$ \_\_\_\_\_

B) Did you or another household member file federal taxes for last year?  YES  NO

If **YES** → Submit a copy of your most recent federal tax return 1040 form **AND** a copy of ONE of the following supporting documents

- Last two pay stubs, for all household members
- Social security or disability award letter(s)
- Retirement income documentation
- Unemployment income verification

If **NO** → Submit a copy of **ALL** of the following supporting documents that are applicable:

- Last two pay stubs, for all household members
- Unemployment income verification
- Retirement income documentation
- Temporary Cash Assistance
- Social security or disability award letter(s)
- If \$0 income - Letter of how you meet your expenses

C) Do you receive Child Support?  YES  NO. If yes, what is the monthly support? \$ \_\_\_\_\_ (submit supporting documents)

D) (optional) Attach a letter stating your specific need and/or hardship. Include special circumstances (if any) in the letter.

### STEP 3

Signature of Applicant (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

The information I have provided on this form is complete and correct and I agree to provide additional documentation upon request to verify need of financial assistance. I understand that the Y provides financial assistance to the extent that resources are available and that the Y reserves the right to refuse assistance to any applicant. I also understand that my current Y account must be in good standing prior to this application being processed.