



## ***The Valparaiso Family YMCA Foundation Scholarship Application***

**Student Name:** \_\_\_\_\_

### **Eligibility Requirements:**

1. Applicant must be a resident of Porter County and be a U.S. Citizen.
2. Applicant must attend high school in Porter County.
3. Applicant must be accepted at an accredited public or private college, university, or technical school by July 1, 2022.
4. Successful applicant preferred to be able to attend Annual recognition dinner in Fall of 2022. (Selection not made on this preference.)

### **Selection Criteria:**

1. Financial need;
2. Academics; and
3. Capacity to succeed.

### **Application Instructions:**

1. Completed Application Form (typed neatly, printed and signed by applicant);
2. Official High School Transcript;
3. Copy of official notification of SAT/ACT Score (if available);
4. Copy of Student Air Report from FAFSA or the Financial Information Pages of the application;
5. Letter of Recommendation from a teacher or school representative.

Please paperclip the application. **Do NOT staple.** Do NOT make the application two-sided.

**APPLICATION DEADLINE:** The complete application packet must be returned by **March 31st, 2022** to:

**Zachery Wagner, Director of Financial Management  
Valparaiso Family YMCA  
1201 Cumberland Crossing Drive  
Valparaiso, IN 46383**



## Valparaiso Family YMCA Foundation Scholarship Application

### APPLICANT INFORMATION

Mr.  Male  
 Ms.  Female

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number  
(Cell, if available): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_  
*Month/Day/Year*

Father's Name: \_\_\_\_\_

Address:

\_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

Address:

\_\_\_\_\_

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

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

Number of Children in Family \_\_\_\_\_ Number Living at Home \_\_\_\_\_

Number of Family Members (other than yourself) Attending College Next Year \_\_\_\_\_

Has anyone in your immediate family attended college?  Yes  No

High School Attended: \_\_\_\_\_

*To be completed by Registrar:*

Class Rank \_\_\_\_\_ GPA \_\_\_\_\_ SAT \_\_\_\_\_ ACT \_\_\_\_\_

**OTHER AWARDS** – Please list the name and amount of any grants or scholarships that you have been awarded.

**Name**

**Amount**

_____	_____
_____	_____
_____	_____

If awarded this scholarship, how would you expect to finance the balance of your educational expenses? Please specify percentage (%) from the following sources:

Parents \_\_\_\_\_ Loans \_\_\_\_\_ Your Savings \_\_\_\_\_ Other (Please Explain) \_\_\_\_\_

**SCHOOL INFORMATION** – I have been accepted by, or made application to, the following Indiana colleges, universities, or technical schools:

\_\_\_\_\_  
\_\_\_\_\_

I plan to enroll:  Full-time  Half-time or more  Less Than Half-Time

**Field of Study:** \_\_\_\_\_

I plan to complete a two (2) year degree?  Yes  No

**Career Plans:** \_\_\_\_\_

**How will this scholarship help you reach your goals?** (Use an additional page, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EXTRA-CURRICULAR ACTIVITIES:** Please describe those non-classroom activities in which you have participated the past four years. List involvement; such as: school organizations, service clubs, sports, music, drama, community organizations, church groups, etc.

<i>Organization or Activity:</i>	<i>Participation Dates:</i>	<i>Recognition, Awards, Offices Held:</i>
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**EMPLOYMENT:**

<i>Employer</i>	<i>Position</i>	<i>Dates</i>	<i>Hours per Week</i>
<hr/>	<hr/>	<hr/>	<hr/>
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**CERTIFICATION:** In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Financial Information – Part I – Family size and number in college**

How many people will be in your family during the current 2021-2022 academic year? Include yourself, your parents, and their other dependent children. \_\_\_\_\_

Of the number in your family above, how many will be enrolled in college at least half time during the current 2021-2022? (Be sure to include yourself, but not your parents.)  
\_\_\_\_\_

**Part II - Student financial information** – Please complete the following section using your Federal tax information.

All financial information will be held in the strictest confidence.	2020	2021
<b>Income Tax Form Filed</b>	<input type="checkbox"/> 1040EZ or 1040A <input type="checkbox"/> 1040 (long form) <input type="checkbox"/> I did not file	<input type="checkbox"/> 1040EZ or 1040A <input type="checkbox"/> 1040 (long form) <input type="checkbox"/> I do not file
<b>Adjusted Gross Income</b> IRS Form 1040 – line 37; 1040A – line 21; 1040EZ – line 4		
<b>Income Tax</b> IRS Form 1040 – line 55; 1040A – line 35; 1040EZ – line 11		
<b>Amount Earned From Work</b> Include W-2 wages and business/farm earnings		
<b>Other Income:</b> Any other income (see instructions in parent section below).		
<b>Assets:</b> Current value of your savings and checking accounts, and any other investments including trust funds		

**Part III - Parents' Marital Status:** (check one box)

- My parents are married. (Answer questions below with both parents' tax information.)
- My parents are divorced, and my custodial parent is not remarried. (Answer questions about custodial parent only.)
- My custodial parent is remarried. (Answer questions with tax information for your custodial parent and your step-parent.)
- My parent is single. (Answer questions with that parent's information.)
- My parent is widowed. (Answer questions with that parent's information.)

**Part IV - Parent Financial Information:**

Please complete the following section using your Federal tax information.

All financial information will be held in the strictest confidence.	2020	2021
<b>Income Tax Form Filed</b>	<input type="checkbox"/> 1040EZ or 1040A <input type="checkbox"/> 1040 (long form) <input type="checkbox"/> I did not file	<input type="checkbox"/> 1040EZ or 1040A <input type="checkbox"/> 1040 (long form) <input type="checkbox"/> I do not file
<b>Adjusted Gross Income</b> IRS Form 1040 – line 37; 1040A – line 21; 1040EZ – line 4		
<b>Income Tax</b> IRS Form 1040 – line 55; 1040A – line 35; 1040EZ – line 11		
<b>Amount Earned From Work</b> Include W-2 wages and business/farm earnings (lines 7, 12, or 18 from the Federal 1040 Form.)	Father _____  Mother _____	Father _____  Mother _____
<b>Other Income</b> Child support <u>received</u> ; clergy or military housing allowance or parsonage value; contributions made directly or withheld from your paycheck for IRA/Keogh/401K/403B/SEP/SIMPLE other qualified retirement plans (W2 boxes 12a – 12d, codes D, E, F, G, H, and S), untaxed unemployment and any other untaxed income.		
<b>Income Credits:</b> Child support that you <u>paid</u> ; Education credits: (Hope and Lifetime Learning tax credits 1040 - line 49; 1040A - line 31)		
<b>Current value of your savings and checking accounts</b>		
<b>Current net worth of your investments</b> (Net worth is value minus debt. Investment debt is only that debt related to that investment.) Include real estate (do not include the home you live in), trust funds, UGMA, UTMA, money market funds, mutual funds, CD's, stocks, bonds, other securities, Coverdale savings accounts and 529 plans. (Report 529 plans as parent asset regardless if the student or the parent are the "owner" of the account.)		
<b>Current net worth of your business or farm</b> (Net worth is value minus debt; debt includes only those debts for which the business or farm was used as collateral.) Value includes the market value of land, buildings, machinery, equipment and inventory. Do not include the value of a small		

business that you own and control and that has 100 or fewer employees. Do not include the value of a family farm that you live on and operate.		
<b>For Single Parents: college support from non-custodial parent</b>		
<b>Other Expenses</b> (Include childcare or eldercare expenses, unusually high un-reimbursed medical expenses, etc. Explain details on the back of this sheet).		