



Y SERVICE CLUBS INTERNATIONAL – U.S. AREA DOLLARS FOR SCHOLARS GRANT APPLICATION

(Open to qualified staff who desire to further their education in a YMCA related field in which they work. These grants are for short term courses, classes or seminars. Grants awarded up to \$750.00. A written synopsis is requested upon complete of the training.)

Please complete the application as thoroughly as possible. Insufficient information may cause delay in approving your request.

Applicant's Full Name: Click or tap here to enter text.

Mailing address: Click or tap here to enter text. **City:** Click or tap here to enter text. **State:** Click or tap here to enter text. **Zip Code:** Click or tap here to enter text.

Cell/Home Phone #: Click or tap here to enter text. **Emai:** Click or tap here to enter text.

Name of YMCA Employed at: Click or tap here to enter text. **Phone:** Click or tap here to enter text. **YMCA Address:** Click or tap here to enter text. **City:** Click or tap here to enter text. **State:** Click or tap here to enter text. **Zip Code:** Click or tap here to enter text.

Name of Immediate Supervisor: Click or tap here to enter text. **Email:** Click or tap here to enter text.

1. What is your current position at the Y, and what are your major responsibilities? Click or tap here to enter text.
2. How long have you been employed by the YMCA, and how long have you held your current position? Click or tap here to enter text.
3. For what course or training opportunity are you requesting assistance? (Attach registration form, etc.) Click or tap here to enter text.
4. Is this an 'on-line' training or 'in-person' training opportunity? Click or tap here to enter text.
5. What are the dates of the course or training you are requesting assistance for? Click or tap here to enter text.
6. Briefly explain the value of this course or training opportunity to you and the YMCA. Click or tap here to enter text.
7. Where will this course or training be held, and how far is it from home? Click or tap here to enter text.
8. What is the total cost of this course or training event? \$Click or tap here to enter text. Please itemize the cost to be covered by the grant. Click or tap here to enter text.

9. Are you receiving or expecting any other financial assistance for this training? Yes or No . If Yes, how much?

10. If approved, a check will be made payable to both the applicant and the applicant's YMCA. Please provide any special instructions as to who and where the check should be paid and mailed to.

When is payment due to avoid late fees, etc.?

Print Applicants Name & signature.

Date

Print Supervisor's Name & signature.

Date

EMAIL OR MAIL APPLICATION TO:

DOUG JONES, Area Service Director (ASD, Alexander Scholarship Fund (ASF)
145 Townwood Way Encinitas, CA 92024-4338

EM: Drjns56@gmail.com

PLEASE EMAIL OR MAIL WITHIN TWO WEEKS A SHORT SYNOPSIS/EVALUATION OF THE TRAINING COMPLETED.

01/7/19 Revised US DFS Application