



HENDERSON FAMILY YMCA
2019 Ryan Davis Memorial Scholarship Application

Child's Name _____ Age ____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Guardian's Name _____ Date of Birth _____

Home Phone # _____ Cell Phone # _____ Email _____

Should your child be granted this scholarship, will you be able to provide transportation to and from the YMCA? ____ Yes ____ No

If your child does NOT receive a scholarship, what will they do during the summer?

Camp Fees: \$25 registration fee – non-refundable (not included in scholarship)

Table with 2 columns: YMCA Members and Program Participants. Rows show session and weekly fees.

*The session fee for additional children may be reduced by \$10

Are you willing/able to pay a partial amount of this fee? ____ Yes ____ No

Please indicate below which session(s) you prefer or weeks. (Your camper may attend one or all sessions/weeks).

Table with 2 columns: Sessions and Weeks. Lists session numbers and corresponding date ranges.

Please provide two non-family references and one teacher reference (if child attends school).

Name Phone Number

In the space provided on the reverse side of this page, please tell us why your child should be a recipient of the Ryan Davis Memorial Scholarship.

