

Marion Family YMCA "Doc" Butterworth Scholarships

Application Form

1. **Scholarship** The scholarships were established to provide a YMCA membership for youth who are in financial need and have demonstrated concern for the Marion Community.
2. **Eligibility** Students 9-14 years of age who attend school in Marion County and complete the application process.
3. **Application Deadline** **May 2, 2006**
4. **Application Procedure** Mail the completed application, letters of recommendation to:
Annette Kessler
Marion Family YMCA "Doc" Butterworth Scholarship
645 Barks Rd. E.
Marion, Ohio 43302
Phone: 740 725-9622

Name: _____

Address: _____

City/Phone: _____

Grade/School: _____

Application Date: _____

Financial Need (Parent/Guardian to complete this section)

List why your child would benefit from receiving a YMCA Scholarship, please include financial need.

Parent/Guardian Signature _____

List your community volunteer work, either formal or informal, in the past year.

Please write a statement on why you would like to become a member of the Marion Family YMCA and how you would use the membership.

List 2 teachers and/or school administrators who would be willing to recommend you for this scholarship.

Name _____
Address _____
School _____
Phone _____

Name _____
Address _____
School _____
Phone _____

