

# YMCA Scholarship Guidelines Agreement

Scholarship Name: Witham Family YMCA Scholarship  
Established: November 2012

## Witham Family YMCA Scholarship \$500.00

The recipient must be a senior student who has been accepted into an accredited two or four year college or university, public or private, in-state or out-of-state. The recipient must have a 3.0 GPA or higher. The Executive Committee of the Witham Family YMCA will make the final selection.

- I. Purpose/Criteria of the scholarship:  
To provide a scholarship to a senior student who will be attending an accredited two or four year college or university, public or private, in-state or out-of-state.
- II. Application and Award Process:
  - A. Applications must be submitted by all applicants to the Guidance Department.
  - B. School specific scholarship application deadlines will be used.
  - C. All candidates will be reviewed in March by the YMCA Executive Committee.
  - D. Recipient will be recognized in May of each school year during their awards program.
- III. Selection Process
  - A. Witham Family YMCA Executive Committee will select the recipient.
  - B. Application selection criteria:
    1. Student must be accepted into an accredited two or four year college or university, public or private, in-state or out-of-state.
    2. Student must have a minimum 3.0 GPA or higher.
    3. Student should be planning a career in Youth Development; education field or Healthy Living; health or physical fitness field and have demonstrated Social Responsibility by volunteer work in the community. First priority will be given to students who have volunteered or worked at the Witham Family YMCA.
- IV. Financial Consideration
  - A. \$500.00 to be awarded through funding from the Witham Family YMCA Annual Campaign.
  - B. Type of Fund is a non-endowed fund.
  - C. Scholarship can be used to pay for tuition, room and board.
  - D. Method of disbursing funds to recipient:
    1. The recipient must submit a copy of their bill with his/her personal student ID and it must be submitted to the Witham Family before payment is made to the student.
- V. Presentation of scholarship
  - A. A representative of the Witham Family YMCA will present the scholarship at the annual award ceremony in May of each year.

Main Contact:

Shannon Russell

Executive Director

2791 N. Lebanon St.

Lebanon, IN 46052

765-483-9622

I approve of the above listed information regarding the Witham Family YMCA Scholarship.

Signature of representative: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_



## **Witham Family YMCA Scholarship 2015-16**

**Applicant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name of High School:** \_\_\_\_\_

**GPA:** \_\_\_\_\_ **Class Rank:** \_\_\_\_\_

**Name(s) of College You Plan To Attend:** \_\_\_\_\_

**Degree and College Major If Known:**  
\_\_\_\_\_

**Your current career plan falls under which of the areas of focus:**

**Youth Development:** \_\_\_\_\_ **Healthy Living:** \_\_\_\_\_

**Career Plan Summary:**

---

---

---

---

---

---

---

---

---

---

**Names of Parents or Guardians:**

**Father:** \_\_\_\_\_

**Mother:** \_\_\_\_\_

**Legal Resident of Boone County?** \_\_\_\_\_

**Extra-Curricular Activities:**

---

---

---

---

**Community Service Activities:**

---

---

---

---

**Honors and Awards:**

---

---

---

---

**Work Experience:**

---

---

---

---

**Non-Relative References:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*Please send your transcript and application for the scholarship to:**

**Witham Family YMCA of Greater Indianapolis,**

**Attn: Shannon Russell Executive Director, 2791 N. Lebanon St, Lebanon IN 46052**

**\*\*All applications must be received by March 4<sup>th</sup>, 2016**