



Witham Family YMCA Scholarship Application

Applicant Name: _____ Date of Birth: _____

Address: _____ City: _____

Zip: _____

Email Address: _____

Phone #: _____

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 following areas of focus:

Youth Development: _____ *Healthy Living:* _____ *Social Responsibility:* _____

Career Plan Summary:

Names of Parents or Guardians: Father: _____ Mother: _____

Legal Resident of Boone County (please circle): YES NO

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

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

Witham Family YMCA
Attn: Kim Newnam, Executive Director
2791 N Lebanon St.
Lebanon, IN 46052
knewnam@indymca.org

****All applications must be received by April 11th, 2022****
