



**JEFF BUCZEK**  
• MEMORIAL SCHOLARSHIP •



# JEFF BUCZEK MEMORIAL SCHOLARSHIP Application

To be considered for scholarship, all sections must be completed.

## 1 APPLICANT INFORMATION

First/Last Name	DOB	School Attending	Grade Level
_____	_____	_____	_____

## 2 PARENT/GUARDIAN INFORMATION

Please provide a valid address.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

## 3 OTHER HOUSEHOLD MEMBERS

Total persons living in household: \_\_\_\_\_

First/Last Name	DOB	School Attending	Grade Level
Adult	_____	_____	_____
Adult	_____	_____	_____
Dependant	_____	_____	_____
Dependant	_____	_____	_____
Dependant	_____	_____	_____
Dependant	_____	_____	_____

## ABOUT THE SCHOLARSHIP

Jeff Buczek was a long time employee of the Dow Bay Area Family YMCA and lifelong supporter of youth sports in the Great Lakes Bay Region. In honor of Jeff's life and love for his community, the Jeff Buczek Memorial Scholarship was established so local kids can participate in youth sports programs at the Dow Bay Area Family YMCA completely free of charge.



## FOR OFFICE USE

APPROVED	YES	NO
YMCA	%	YOU %

STAFF NAME \_\_\_\_\_

DATE \_\_\_\_\_

Award letter is valid for one scholarship cycle.

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## 4 PLEASE PROVIDE PROOF OF INCOME

To be considered for scholarship, all questions must be completed. Attach all applicable financial documents and turn in to the Dow Bay Area Family YMCA Member Service Desk. No originals — only copies will be accepted.

↓↓ I FILED FEDERAL TAXES ↓↓  
FOR CURRENT YEAR

1040 Federal Tax Form(s) for all incomes in household

\$ \_\_\_\_\_  
TOTAL ANNUAL HOUSEHOLD INCOME

or

↓↓ I DID NOT FILE FEDERAL TAXES ↓↓  
FOR CURRENT YEAR

Documents showing the last 30 days of my household's income (pay stubs, proof of all government assistance).

\$ \_\_\_\_\_ x 12 =  
30 DAYS INCOME MONTHS

\$ \_\_\_\_\_  
TOTAL ANNUAL HOUSEHOLD INCOME

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date

## 5 TELL US MORE... If you need more space, attach an additional sheet of paper.

**In your child's own words, why does he/she want to participate in youth sports programming at the Dow Bay Area Family YMCA?**

**Parents, how would your child benefit from participating in this Dow Bay Area Family YMCA program?**