

# Bob Lombardi Memorial Youth Scholarship Fund

## WAUKESHA YMCA



# EMPOWERING YOUTH, UNLOCKING FUTURES



The Waukesha YMCA is introducing the Bob Lombardi Youth Scholarship Award to honor Bob Lombardi's legacy and dedication to the organization. Established in his name, this scholarship fund aims to provide local youth with a safe and inclusive community at the Waukesha YMCA.

Bob Lombardi's association with the Waukesha YMCA began in 1942 when he received a Y membership as a seven-year-old. Bob is recognized as the Y's longest-serving continuous member, having been a member for 81 years. He was deeply grateful for the assistance he received from the YMCA during his childhood when his family faced financial difficulties. This generosity and support left a lasting impact on him.

Bob committed to giving back to the YMCA and his community as an adult. He volunteered extensively, participated in programs like Indian Guides with his sons, coached various sports teams, and opened his home to neighborhood children. Bob also contributed to the YMCA's fundraising campaigns, particularly the Strong Kids Campaign (now known as the Annual Campaign), and annually sponsored YMCA memberships for his sons and their families.

The scholarship fund is a testament to Bob Lombardi's passion for the YMCA and his enduring love for the organization. It aims to carry forward his dedication by supporting the youth of Waukesha and providing them with opportunities to thrive within the YMCA community.

This scholarship is a fitting tribute to Bob Lombardi's lifelong commitment to the Waukesha YMCA and will continue to positively impact the lives of young individuals throughout our communities. Nominations for deserving candidates are a crucial part of the award process, and the scholarship fund will serve as a source of hope and opportunity for young people in the area.

# Bob Lombardi Memorial Youth Scholarship Fund SCHOLARSHIP APPLICATION

**Membership period: January 1 – December 31, 2025.**

The Bob Lombardi Youth Scholarship Fund serves as a source of inspiration for young individuals, encouraging them to dream big and strive to achieve their fullest potential. It offers a sense of security and well-being, regardless of one’s background. This scholarship acts as a testament to the community’s commitment to the well-being and future success of its youth.

Membership at the Waukesha YMCA encourages recipients to lead a more active and health-conscious lifestyle. They can access state-of-the-art fitness facilities, swimming pools, sports programs, and wellness classes that help instill good habits and promote physical fitness. Being part of the YMCA community allows scholarship recipients to connect with peers from diverse backgrounds, opening doors to building lifelong friendships and broadening their social network.

Scholarships will be awarded to one male and one female youth ages 12-17 residing in the Waukesha area, each with a one-year membership to the Waukesha YMCA. The scholarship requires facility usage an average of eight times per month for the membership period.

### **APPLICATION INSTRUCTIONS & REQUIREMENTS**

- Applicant must be 12-17 years of age by September 1, 2025 and a resident of the city or village of Waukesha.
- Perspective candidates can apply personally or be nominated by a sponsor (community representative, teacher, guidance counselor or coach) with parent consent.
- Applications, along with recommendation letters, may be submitted: online at [gwcymca.org/Bob-Lombardi-Youth-Scholarship-Fund](http://gwcymca.org/Bob-Lombardi-Youth-Scholarship-Fund), via email at [wkyouthscholarships@gwcymca.org](mailto:wkyouthscholarships@gwcymca.org), or by traditional mail.
- One recommendation letter is required if the youth/applicant is self-nominating.
- Incomplete applications will not be considered.
- Completed applications must be submitted online or postmarked no later than **December 1, 2024**. Applications received after that deadline will not be considered.
- Applications will be reviewed by the Bob Lombardi Youth Scholarship Committee in December.
- Candidates will be notified by December 31, 2024, if applications are approved or denied.
- The YMCA Membership Agreement and Code of Conduct must be signed by the awarded candidate and a parent/guardian once awarded.
- Without Parent/Guardian membership agreement and signature, scholarship will be null and void.
- Awarded candidates will be required to:
  - Communicate monthly with an assigned YMCA Mentor throughout the one-year membership period.
  - Submit a summary by November 1, detailing how the scholarship fund has influenced and impacted your life over the past year.

**Mail Submissions:**

Waukesha YMCA  
Bob Lombardi Youth Scholarship Committee  
320 E. Broadway  
Waukesha, WI 53186

**E-Mail Submissions:**

[wkyouthscholarships@gwcymca.org](mailto:wkyouthscholarships@gwcymca.org)



**2025 BOB LOMBARDI MEMORIAL YOUTH SCHOLARSHIP APPLICATION**

Waukesha YMCA | 320 E. Broadway, Waukesha, WI 53186

(ALL SECTIONS MUST BE FILLED OUT. IF SOMETHING DOES NOT APPLY, PLEASE USE N/A)

Application must be submitted or postmarked no later than December 1, 2024.

**APPLICANT INFORMATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender  M  F  Other \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Grade Level \_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Full Name \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

**SPONSOR INFORMATION (IF APPLICABLE)**

Sponsor Full Name \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

**TELL US ABOUT YOURSELF/APPLICANT**

1. Have you/applicant had any previous experience with the YMCA?  No  Yes (If yes, please tell us more below)

\_\_\_\_\_

2. What activities do you/applicant enjoy doing or participate in when you are not at school?

\_\_\_\_\_

3. What are your/applicant educational goals?

\_\_\_\_\_

4. Tell us about a personal achievement you/applicant are proud of.

\_\_\_\_\_

5. Tell us about a challenge you/applicant faced, how the challenge was overcome, and what was learned.

\_\_\_\_\_

6. Who is your/applicant role model and why?

\_\_\_\_\_

7. If selected as a scholarship recipient, the recipient must use the YMCA an average of eight times per month. What transportation or resources will you/applicant use to get to and from the YMCA?

\_\_\_\_\_

8. Please tell us in 500 words or less, how this scholarship will make a difference for you/applicant.

Lined area for writing the response to question 8.

**LETTERS OF RECOMMENDATION**

Include letters of recommendation. One letter of recommendation is required if the youth/applicant is self-nominating. Recommendation should include qualities and values of the applicant and how the applicant will benefit from the use of a YMCA membership.

**SIGNATURE**

I hereby affirm that all the above-stated information provided by me to the Scholarship Fund Committee is true, correct, and without forgery.  No  Yes

Signature of Person Submitting the Application \_\_\_\_\_  
Print Name \_\_\_\_\_ Date \_\_\_\_\_