

AUBURN YMCA-WEIU  
ADULT/FAMILY MEMBERSHIP/PROGRAM SUBSIDY APPLICATION

YMCA Scholarships are available to adults or families who are unable to attend the Y or its programs because of lack of money. A YMCA scholarship is a valuable thing to seek, and if received, to be proud of. Because scholarship dollars are limited, applicants are encouraged to pay as much as possible toward the fee.

Please return the completed application, along with last year's income tax statement (or if you didn't file, attach a copy of your most recent paycheck stub, support or public assistance check) to:

Scholarship Committee  
Auburn YMCA-WEIU  
27 William Street  
Auburn, NY 13021

**PART I**

Applicant's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ If no phone, how can you be contacted? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Social Security # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Name of Spouse or other adult in household \_\_\_\_\_

Their place of employment \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Household unit: Number of adults over 18 \_\_\_\_\_ Number of children \_\_\_\_\_

List ages of children \_\_\_\_\_

Please explain briefly why you are requesting a subsidy and how the scholarship will benefit you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Type of membership or program you are applying for \_\_\_\_\_

How much can you afford to pay? \_\_\_\_\_

Name of person filling out form, if different from applicant \_\_\_\_\_

\_\_\_\_\_

**PART II**

A. Is this application made for medical reasons? ( ) Yes ( ) No  
If yes, list medical condition: \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

B. Are you receiving any public assistance ( ) Yes ( ) No  
If yes, list Social Services Case Worker's Name \_\_\_\_\_  
Phone # \_\_\_\_\_

C. Please list gross monthly household income and expenses:

<u>Gross Monthly Income</u>	<u>Monthly Expenses</u>
Wages \$ _____	Rent/Mortgage \$ _____
Public Assistance _____	Utilities _____
Food Stamps _____	Food _____
Support _____	Insurance _____
SSI _____	Medical _____
Pension _____	Clothing _____
Other (explain) _____	Other (explain) _____
_____	_____
Total Household Income \$ _____	Total Expenses \$ _____

D. References:

- Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone# \_\_\_\_\_ Place of Work \_\_\_\_\_
- Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone# \_\_\_\_\_ Place of Work \_\_\_\_\_
- Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone# \_\_\_\_\_ Place of Work \_\_\_\_\_

E. I, \_\_\_\_\_, do hereby attest that the information given is correct to the best of my knowledge. I understand that all information will be kept confidential. I also understand that some portion of the fee(s) must be paid by the applicant and that the membership or program subsidy is good only for the time period stated on the contract.  
Date: \_\_\_\_\_ Signature \_\_\_\_\_

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**FOR COMMITTEE USE ONLY**

Agency making referral (if applicable) \_\_\_\_\_  
Agency Representative \_\_\_\_\_ Phone# \_\_\_\_\_  
Program or membership \_\_\_\_\_ Total Fee \$ \_\_\_\_\_  
Session/Dates \_\_\_\_\_ Family Pays \$ \_\_\_\_\_  
Approved (Yes) ( ) No Requested from Committee \$ \_\_\_\_\_  
Notification \_\_\_\_\_ Date \_\_\_\_\_