



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Program Scholarship Application

With a commitment to nurturing the potential of kids, promoting healthy living, and fostering a sense of social responsibility, the Y ensures that every individual has access to the essentials needed to learn, grow and thrive. The Y welcomes all who wish to participate and believes that no one should be denied access to the Y based on their financial means. Through our scholarship program, the Y provides assistance to youth, adults, and families based on individual needs and circumstances. A Y scholarship is a valuable thing to seek and, if received, of which to be proud. Scholarships reduce fees, not eliminate them. *Because scholarship dollars are limited, and made available through the generosity of many donors, applicants are encouraged to pay as much as possible toward the program. Scholarship applications must be submitted at least 2 weeks prior to start of the program.*

Program applying for:

- Before and After School Care.... __AM __PM __Both
- Preschool: __2 day __3 day __5 day
- Terrific Two's: __2 day __3 day
- Other _____

Is your child currently a Y member? Yes No

If not have you applied for a membership scholarship? Yes Date of application: _____ No

Application Checklist...please be sure the following items accompany your application:

- Completed program application or registration form, ie: Preschool, School Age Child Care.
- Immunization Record (needed for camp and preschool)
- Medical History (only needed for camp and preschool)
- Income verification

Hand in completed forms to a Member Services Desk or mail application to:
Skaneateles YMCA & Community Center, 97 State Street, Skaneateles, NY 13152
Attention: Scholarship Committee

www.auburnymca.org/skaneateles

➤ PROGRAM PARTICIPANT INFORMATION

① Name: _____ Age: _____

Date of Birth: _____ Gender: M F Grade: _____ Is child a Auburn or Skaneateles Y member? Y N

Has child received a Y scholarship in the past? Y N If yes, for what program? _____

② Name: _____ Age: _____

Date of Birth: _____ Gender: M F Grade: _____ Is child a Auburn or Skaneateles Y member? Y N

Has child received a Y scholarship in the past? Y N If yes, for what program? _____

③ Name: _____ Age: _____

Date of Birth: _____ Gender: M F Grade: _____ Is child a Auburn or Skaneateles Y member? Y N

Has child received a Y scholarship in the past? Y N If yes, for what program? _____

➤ PARENT / GUARDIAN INFORMATION

① Name: _____

Address: _____ City _____ State: ___ Zip _____

Phone: _____ Cell: _____ E-mail: _____

Employer _____ Occupation: _____

Preferred method of communication (circle one) : PHONE E-MAIL MAIL

Preferred method of communication (circle one) : PHONE E-MAIL MAIL

② Name: _____

Address: _____ City _____ State: ___ Zip _____

Phone: _____ Cell: _____ E-mail: _____

Employer _____ Occupation: _____

Preferred method of communication (circle one) : PHONE E-MAIL MAIL

➤ ALL PERSONS LIVING IN THIS HOUSEHOLD

Parent/Guardian/Adult _____ Relationship _____

Parent/Guardian/Adult _____ Relationship _____

Parent/Guardian/Adult _____ Relationship _____

Parent/Guardian/Adult _____ Relationship _____

Parent/Guardian/Adult _____ Relationship _____

Child _____ Age _____

Child _____ Age _____

Child _____ Age _____

Child _____ Age _____

➤ **FINANCIAL INFORMATION** ...please fill out all information, items ① & ② are required fields.

① **INCOME**..please include with your application documents to support the following:

Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance).
Please include income documents for ALL ADULTS living in the household.

② **EXPENSES**

Gross Monthly Income:
Wages _____
Food Stamps: _____
Support: _____
SSI: _____
Pension: _____
Public Assistance: _____
Other: _____
Total: \$ _____

Monthly Expenses:
Rent _____
Utilities: _____
Food: _____
Insurance: _____
Medical: _____
Clothing: _____
Other: _____
Total: \$ _____

➤ **TELL US MORE** Please, briefly explain why you are requesting assistance and how a scholarship will benefit your child or family. Please include any additional information or extenuating circumstance that were not included above. Is this application being made for medical reason? If so please list medical condition and doctor's name. _____

_____ If more space is needed, please use back of this sheet.

➤ **PLEASE READ AND SIGN BELOW**

I certify that the above information is complete to the best of my knowledge and that I do not have additional income not represented above. If necessary, I agree to send additional information and documentation to support the above statements. I understand that scholarship 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 in the future.

Signature: _____ **Date:** _____

For office use:

Date Approved _____

Full Rate: _____

Scholarship: _____

Family Pays: _____

Notified mail phone

Revised 6 14

Hand in completed forms to Member Services Desk or mail application to:
Skaneateles YMCA
97 State Street
Skaneateles, NY 13152
Attention: Scholarship Committee