



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.

First Name _____ Last Name _____

Program applying for:

- Before and After School Care....Site _____ AM ___ PM ___ BOTH
- Summer School Age Child Care Preschool ___ 2 Day ___ 3 Day ___ 5 Day KinderKamp
- Swim Lessons Swim Team Learn and Grow
- Camp Y-Owasco ___ Day Camp ___ Resident Camp Other _____

Application will not be processed without Income Documentation: Please attach the following:

- 1040 Form from last year's taxes. OR
- Documents showing most recent 30-days of income for EVERYONE in the household.
**Including pay stubs or documentation of government assistance.

Hand in completed forms to a Member Services Desk Staff or mail application to:

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

Registration will not take place until scholarship has been awarded. You will be e-mailed or mailed a Scholarship Award Letter. To accept the award and register, bring both the award letter and completed registration paperwork to the Member Services Desk. Be prepared to pay at the time of registration.

➤ **PROGRAM PARTICIPANT INFORMATION**

❶ 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? _____

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➤ **PARENT /GUARDIAN INFORMATION**

❶ Name: _____ Date of Birth: _____
Address: _____ City _____ State: ___ Zip _____
Phone: _____ Cell: _____ E-mail: _____
Employer _____ Occupation: _____

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

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❷ Name: _____ Date of Birth: _____
Address: _____ City _____ State: ___ Zip _____
Phone: _____ Cell: _____ E-mail: _____
Employer _____ Occupation: _____

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➤ **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 _____
- Child _____ Age _____

➤ **FINANCIAL INFORMATION**

❶ Is the child this application is for scholarship receiving benefits through the Department of Social Services?

If yes you may be eligible for partial assistance. If yes, please list your **Case Worker's Name:** _____

Case Number _____

Were you refereed by any agency if so, name of agency making referral: _____

Case Workers Name _____ **Phone** _____

❷ **INCOME TAX..please include with your application documents to support one of the following:**

↓ I Filed Federal Tax forms last Year ↓

1040 Form

I am an individual filing jointly. I am providing one form.

We filed more than one tax form, we are providing ___ forms

↓ I did not File Federal Tax forms last Year ↓
Or my household income has changed since I filed

Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)

❸ **EXPENSES**

Gross Monthly Income:

Wages _____

Food Stamps: _____

Support: _____

SSI: _____

Pension: _____

Public Assistance: _____

Other: _____

Total: \$ _____

Monthly Expenses:

Rent _____

Utilities: _____

Food: _____

Insurance: _____

Medical: _____

Clothing: _____

Other: _____

Total: \$ _____

❹ How much can you afford to pay? _____

➤ **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 Received _____ **Date Approved** _____ **Fee:** _____ **Total Fee:** _____

Notified mail email phone