



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
- School's Out     Preschool \_\_\_ 2 Day \_\_\_ 3 Day \_\_\_ 5 Day
- Swim Lessons     Swim Team                       Summer School Age Child Care     Kidventures
- 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: Program Scholarship Committee

### Registration will not take place until scholarship has been awarded. You will be e-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

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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_ Zip \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ E-mail Required: \_\_\_\_\_

Scholarship responses will be sent via e-mail.

Employer \_\_\_\_\_ Occupation: \_\_\_\_\_

② Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_ Zip \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation: \_\_\_\_\_

## ➤ 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 \_\_\_\_\_
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- Child \_\_\_\_\_ Age \_\_\_\_\_

➤ **FINANCIAL INFORMATION**

❶ Is the child this application is for scholarship receiving benefits through the Department of Social Services? YES/NO  
If YES you may be eligible for partial assistance thru the county department of Health and Human Services.  
If YES, please supply: **Case Worker's Name:** \_\_\_\_\_ **Case Worker's Phone:** \_\_\_\_\_

Were you referred by any agency? 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? \_\_\_\_\_  
Please Note: Programs have different payment schedules for example: Monthly, weekly, daily, or by the session.

➤ **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** \_\_\_\_\_ **Percentage Off** \_\_\_\_\_ **Total Fee:** \_\_\_\_\_  
**Date Notified:** \_\_\_\_\_  **email**