



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.

### Program applying for:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> School's Out                 | <input type="checkbox"/> Before and After School Care....Site_____ |  |  |
| <input type="checkbox"/> Summer School Age Child Care | <input type="checkbox"/> Preschool                                 | <input type="checkbox"/> KinderKamp    |  |
| <input type="checkbox"/> Swim Lessons                 | <input type="checkbox"/> Swim Team                                 | <input type="checkbox"/> Little League | <input type="checkbox"/> Camp Y-Owasco |
| <input type="checkbox"/> Learn and Play Sport         | <input type="checkbox"/> Other_____                                |  |  |

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

- Completed program application or registration form, ie: Preschool, Camp Y-Owasco, and School Age Child Care.
- If applying for camp, please include a \$50 per camper deposit registration fee (this will hold your child's spot). Deposit will be refunded if the scholarship is not accepted by the applicant.
- A copy of your most recent Federal Income Tax return (no schedules required). If you did not file, attach a copy of your most recent paystub, support or public assistance check stub.

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

Additional information and forms available at [www.auburnymca.org](http://www.auburnymca.org) or for Camp Y-Owasco [www.y-owasco.org](http://www.y-owasco.org)

Auburn YMCA-WEIU. 27 William Street. Auburn, NY 13021. 315.253.5304. [www.auburnymca.org](http://www.auburnymca.org)

➤ **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 \_\_\_\_\_
- 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  phone