



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Youth Subsidy Application

Branch: Auburn Skaneateles

YMCA Scholarships are available to boys and girls who are unable to attend the Y or its programs because of lack of money. A youth scholarship is a valuable thing to seek, and if received to be proud of. In every case the following conditions should be present:

1. Youth is anxious to participate.
2. Youth is cooperative with parents, helpful at home and is making an honest effort to do well in school.
3. Youth is earning money, if possible to help pay the fee.
4. Parent or guardian is willing to pay as much as possible toward the fee.

Important:

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

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

Scholarship Committee
Skaneateles YMCA & Community Center
97 State Street
Skaneateles, NY 13152

Child's Last Name _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ If no phone, how can you be contacted? _____

Date of Birth _____ Age _____ Grade _____ Sex _____

Name of Father, foster father of guardian living here _____

Place of Employment _____ Occupation _____ Phone# _____

Name of Mother, foster mother or guardian living here _____

Household Unit: Number of adults over 18 _____ Number of children _____

List ages of children _____

Please explain briefly why you are requesting subsidy and how the scholarship will benefit your child.

Type of membership or program you are applying for? _____

How much can you afford to pay? _____

If applicable, agency making the referral _____

Agency representative _____ Phone _____

Is this application made for medical reasons? () No () Yes
If yes, list medical condition _____
Doctor's Name _____ Phone _____

Are you receiving a Family Assistance Cash grant through the Department of Health and Human Services?
() Yes () No If yes, you may be eligible for partial assistance.
Please list your case worker's name _____ and your case number _____

Please list gross monthly household income and expenses:

Gross Monthly Income		Monthly Expenses	
Wages	\$ _____	Rent/Mortgage	\$ _____
Public Assistance	_____	Utilities	_____
Food Stamps	_____	Food	_____
Support	_____	Insurance	_____
SSI	_____	Medical	_____
Pension	_____	Clothing	_____
Other	_____	Other	_____
Total Income	_____	Total Expenses	_____

References:

- Name _____ Address _____
Phone _____ Place of work _____
- Name _____ Address _____
Phone _____ Place of work _____
- Name _____ Address _____
Phone _____ Place of work _____

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 for the period stated on the contract.

Date _____ Signature _____

For Committee Use Only

Date received _____ Program or membership _____

Total Fee \$ _____ Family Pays \$ _____ **Approved** () Yes () No

Session Dates _____

Requested from Committee _____

Notification _____ Date _____

Comments _____

Revised 6-2011

Our Mission

The YMCA puts Christian principles into practice through programs that build healthy spirit, mind and body for all.