



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
- Terrific Two's: \_\_2 day \_\_3 day \_\_5 day     Swim Lessons     Swim Team
- Little League     Learn and Play Sport     Camp Y-Owasco session(s) \_\_\_\_\_

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

- Completed program application or registration form, ie: Preschool, Camp Y-Owasco, Before and Afterschool
- Immunization Record (needed for camp and preschool)
- Medical History (only needed for camp, kinderkamp and preschool)
- If applying for camp or Before and Afterschool, please include a \$50 per child deposit registration fee (this will hold your child's spot). Deposit will be refunded if the scholarship is not accepted by the applicant.
- Income verification

Is your child currently a Y member?  Yes  No

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

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

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 \_\_\_\_\_

➤ **FINANCIAL INFORMATION** ...please fill out all information, items ❶, ❷ & ❸ are required fields.

❶ **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.

❷ **EXPENSES**

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

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

❸ 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 Approved \_\_\_\_\_

Full Rate: \_\_\_\_\_

Scholarship: \_\_\_\_\_

Family Pays: \_\_\_\_\_

Notified mail phone

Revised 5 15

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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)