



# FINANCIAL APPLICATION FOR SCHOLARSHIP ASSISTANCE

**Family YMCA of the Glens Falls Area**  
600 Glen St, Glens Falls, NY 12801  
Phone: 518-793-3878 Fax: 518-793-3887  
Email: FA@glensfallsymca.org

## IMPORTANT INFORMATION

- Please submit **PHOTOCOPIES** only. Documents will not be returned.
- Please check boxes to reflect documentation you have attached.
- Process time for applications will be approximately two weeks. You will receive an award letter in the mail.
- Working parents applying for Childcare or Camp scholarships **BEFORE** completing this application must first attempt to secure assistance through the Department of Social Services Childcare Assistance program. In order for us to help you, a Letter of Denial from your county must be attached to this application. See below for contact information for surrounding counties.

## THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO ALL APPLICATIONS- WITHOUT EXCEPTION

- Current year Federal Income Tax Return (as filed with the IRS) for all adults listed on the application.
- If you do not file taxes, you must submit a Verification of non-filing letter. This letter must be included with your application. Letters may be obtained for free by contacting the IRS at 800-829-1040 or visiting the irs.gov website and clicking on "get a transcript". The form to be filed with the IRS is 4506-T.

## SUBMIT ALL OF THE FOLLOWING THAT APPLY

- Four (4) consecutive pay stubs for EACH working family member, showing gross and net income.
- Unemployment statement (or letter stating you do not qualify)
- Social Security allocation letter or SA-1099, or copy of check/automatic bank deposits from SSI/SSD
- Documentation for all federal assistance such as food stamps, housing subsidy, cash assistance and aid to dependent children
- Child Support, Alimony
- Retirement, 401K, and/or Pension Funds
- Foster Care subsidy letter
- Letter from College showing all awards, scholarships, grants, loans and tuition costs for the current semester
- Any other income that pays expenses (worker's compensation, monthly gift, etc.)
- Other

## APPLICATIONS FOR ASSISTANCE FOR CHILDCARE AND CAMP

If you have further questions regarding qualification, contact your county's department of Social Services. (Warren- 518-761-6300; Washington- 518-746-2300; Saratoga- 518-714-4004)

- Letter of Denial Attached



**APPLYING FOR FINANCIAL ASSISTANCE IS CONFIDENTIAL**

Complete, sign, date and attach all paperwork to your application.

**Incomplete applications will not be processed**

\_\_\_ New Application      \_\_\_ Renewal Application (Date of last award \_\_\_\_\_)

**Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ How long: \_\_\_\_\_

**List ALL persons who live in your household**

Do you share Expenses? \_\_\_ YES \_\_\_ NO

Total Number in Household \_\_\_\_\_

Name/ Relationship	M/F	Date of Birth	School/Employer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Additional Information- ALL questions must be completed**

\_\_\_ Yes \_\_\_ No **Are you or any person listed on this form on a state or national sexual offender registry?**

\_\_\_ Yes \_\_\_ No **Are you a single-parent /head of household?**

**Ethnicity/Race:** \_\_\_ American Indian/Alaska Native \_\_\_ African American \_\_\_ Asian  
\_\_\_ Hispanic/Latino \_\_\_ Caucasian \_\_\_ Native Hawaiian/Pacific Islander  
\_\_\_ Other \_\_\_\_\_

**Financial Assistance request is for:**

\_\_\_ Membership      \_\_\_ Childcare      \_\_\_ Preschool  
\_\_\_ Programs      \_\_\_ Camp

**What is the dollar amount that you are willing to pay or have the ability to pay each month?**

\_\_\_\_\_ Membership    \_\_\_\_\_ Programs    \_\_\_\_\_ Preschool    \_\_\_\_\_ Childcare/Camp

**Continue on back page** 

**Why are you applying for Scholarship Assistance and what benefits do you see in having a membership at the YMCA?** We would love to hear your Y story. Please consider sharing through an attached letter.

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**Are there any extenuating circumstances that are having a negative effect on your finances that you would like us to consider?** Please attach an additional page if more room is needed.

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\_\_\_ Yes \_\_\_ No **I agree to talk with the Mission Advancement Director about my experience at the YMCA**

## Income and Expenses

**List income and expenses for the ENTIRE household. Supporting documents for all listed income must be attached to this application. Documentation may be required for excessive expenses.**

Income (monthly)	Adult #1	Adult #2	Dependents	Other
Wages, Salaries, Tips(before taxes)				
Unemployment				
SSI, SSD				
Food Stamps				
Housing/ Cash Assistance				
Aid to dependent children				
Child Support/ Alimony				
Retirement, 401K, Pension				
Foster Care subsidy				
College grants, loans				
Other				
<b>Total Monthly Income</b>				

Monthly Household Expenses	
Mortgage/Rent	_____
Utilities	_____
Food	_____
Phone/Cable/Internet	_____
Car insurance	_____
Car payment	_____
Child support paid	_____
Alimony paid	_____
Medical	_____
Student loans/tuition	_____
Child Care	_____
Other (list)	_____

**Total Combined Monthly Income** \_\_\_\_\_  
**Annual Income** \_\_\_\_\_

**Total Monthly Expenses** \_\_\_\_\_

## Verification and Acknowledgement

I declare the information given is true and correct to the best of my knowledge. I agree to supply any additional information the YMCA may need to process my request for assistance. I understand that the Family YMCA of the Glens Falls Area has the right to recover the cost of aid provided if any information given by me proves to be false or incomplete. Financial Assistance eligibility is ultimately the responsibility of the CEO and I acknowledge the YMCA reserves the right to refuse assistance to any applicant.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For office use only:** \_\_\_\_\_ Household # \_\_\_\_\_ Gross Annual Income \_\_\_\_\_

**Date processed:** \_\_\_\_\_ **Staff initials:** \_\_\_\_\_

**% award approved:** \_\_\_\_\_ **Membership** \_\_\_\_\_ **Programs/Preschool** \_\_\_\_\_ **Teams** \_\_\_\_\_ **Childcare** \_\_\_\_\_ **Camp** \_\_\_\_\_

**Executive Approval:** \_\_\_\_\_