

Glens Falls Family YMCA
Confidential Application for Scholarship Assistance



Please fill out the following information and attach photocopies of the necessary documents. Please call the front desk at 793-3878 for an interview, which is required prior to the approval of this scholarship application. Please note: A copy of the previous year's tax returns and at least 2 recent pay stubs and/or your SSI allocation statement must also be submitted at the meeting.

Please print all information.

_____ New application _____ Membership Renewal application **Date of Application:** _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

Date of birth: _____

Your Place of Employment: _____

How long have you been employed there? _____

Please list all persons who live in your household and share living expenses or meals

Name/ Relationship	Date of Birth	School/Employer

Total Number in Household _____

Are you a single head of household? ___Yes ___ No **If so,** _____ Male _____ Female

Ethnicity _____Hispanic/Latino_____ Other

Race _____American Indian or Alaska Native _____Asian _____ African American
 _____Native Hawaiian or other Pacific Islander _____Caucasian

Financial Assistance Request is for:

_____Membership _____Program(s) _____Child Care _____ Camp _____Other: _____

Have you ever applied for scholarship assistance before at the Glens Falls Family YMCA?

_____ Yes _____No approximate date of previous assistance _____

Please continue on back page

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

What benefits do you see in having this scholarship to join the YMCA as a member or participant?

Why are you applying for scholarship assistance?

_____ I agree to talk with the Development Director about my YMCA experiences. I understand he/she may be contacting me during the duration of my membership. (Initial if you agree – it is **not** required for financial assistance).

Please fill in your monthly income and expenses

Monthly Income

Wages, Salaries, Tips
for you (before taxes) \$ _____
Wages, Salaries, Tips
for your spouse (before taxes) \$ _____
Unemployment compensation \$ _____
Social Security compensation \$ _____
Child Support \$ _____
Aid to Dependent Children \$ _____
Food Stamps \$ _____
401K/ Retirement Funds \$ _____
Alimony \$ _____
Other \$ _____

Total Income \$ _____

Monthly Expenses

Rent/ Mortgage \$ _____
Utilities \$ _____
Credit Cards \$ _____
Food \$ _____
Clothing \$ _____
Phone \$ _____
Car Insurance \$ _____
Alimony \$ _____
Child Support \$ _____
Medical \$ _____
Loans \$ _____
Other \$ _____

Total Expenses \$ _____

Please attach last year's Internal Revenue Tax Statement & current pay stubs and/or your SSI allocation statement to verify your annual earnings.

Selection Process

Financial assistance eligibility is ultimately the responsibility of the CEO. Financial assistance determination is based on a review of the application and a personal interview with the applicant. The YMCA will grant financial aid to the extent that funds are available. The YMCA reserves the right to refuse assistance to any applicant.

Office use: Staff _____

Date: _____