



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

Please print all information.

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

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

Date of birth: _____

You're 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 \$ _____

Annual Income: \$ _____

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: _____

Income Verification checklist:

____ Last Year's Tax Return ____ Current Pay stubs ____ SSI/SSD ____ Unemployment ____ Child Support
____ Food Stamps ____ Retirement Funds ____ Alimony ____ Other **File Updated:** _____