

Glens Falls Family YMCA
Confidential Application for Scholarship Assistance



Please fill out the following information and attach photocopies of the necessary documents. Please call Deb Piro 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.

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 _____

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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?

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 Executive Director. 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.