



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Plattsburgh YMCA **Camp** Scholarship Application

The Plattsburgh YMCA is a mission-driven, nonprofit organization that strives to serve all. Through the generosity of our community, we offer financial assistance to reduce membership and/or program fees. All financial assistance is granted based on income and need.

All information is kept confidential. All memberships are subject to the standards and policies of our membership agreement and bank draft/credit card payment plan authorization agreement.

To apply for financial assistance, please complete the following to be considered for financial assistance.

- Completed scholarship assistance application.
- Proof of income for your household. May include a most recent federal income tax return or verification letter; one month's worth of most recent paycheck stubs; unemployment statement; and/or social security benefits. If you are a full-time student, please provide a summary of your unemployment benefits, SSI paperwork, or financial aid benefits and student schedule.
- A letter stating the reason you are requesting a scholarship.

PRIMARY MEMBER INFORMATION (Required) DATE _____

Please print clearly.

First and Last Name _____

Date of Birth _____

Street Address _____

City _____ State _____ Zip Code _____

Preferred Telephone # _____

Email Address _____

Gender (check one) Female Male Prefer not say

Emergency Contact Name _____

Emergency Contact Phone Number _____

FAMILY MEMBERSHIP INFORMATION

*Family members include those living in the same household, and/or who are tax dependent.

	Partner/Children's FULL Names	Gender (Circle one)	Birthdate	Relationship
1.		F M Prefer not to say		
2.		F M Prefer not to say		
3.		F M Prefer not to say		
4.		F M Prefer not to say		
5.		F M Prefer not to say		



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FINANCIAL INFORMATION

Please itemize your gross annual income and expenses. You will need to include proof of income with your application. You are welcome to include proof of monthly expenses as well.

	Your annual Income	Partner's Income	Other Income	Expenses (Monthly)	
Salary, wages, tips				Rent/ Mortgage	
Unemployment Compensation				Utilities	
Social Security Compensation				Food	
Aid for dependent children				Phone/ Internet	
Food Stamps				Automobile	
401(k) Retirement				Alimony	
Alimony				Child Support	
School Loan Income				Medical	
Housing Allowance				Other Expenses (Please list)	
Other (Please list)					
Total Annual Income				Total Monthly Expenses	



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Assistance you are requesting:

Program	Regular Price	How much would you be able to pay of that amount?
Summer Camp (must request by March 31st)	\$300-\$430 (for 2 weeks)	

For which sessions are you registering? (circle all that apply)

Session 1 Session 2 Session 3 Session 4 Session 5

Programming note*

You are not required to have a membership to participate in camp. Membership gives you earlier registration dates and lower prices on programming. If you decide to start a membership with the purpose of enjoying those member benefits, please be aware you are required to keep your membership for at least a year to receive member pricing for camp.

I verify that this information is true and complete to the best of my knowledge. I grant permission to the Plattsburgh YMCA to verify this information. I agree to notify the YMCA if my financial status changes.

Signature _____

Date _____

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OFFICE USE ONLY

Scholarship Awarded: ___ 20% ___ 30% ___ 40% ___ 50%