

## Plattsburgh YMCA Scholarship Assistance Application

The Plattsburgh YMCA is mission-driven, nonprofit organization that strives to serve all. Through the generosity of our community, we offer financial assistance to reduce joining, monthly 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 which may include a copy of most recent federal income tax return or verification letter. Most recent paycheck stubs unless you are unemployed, draw social security, or a full-time student, please provide a summary of your unemployment benefits, SSI paperwork, or financial aid benefits and student schedule.
- A letter stating your reason for your request.

PRIMARY MEMBER IN	NFORMATION						
■ New Application	Renewal		Date:				
First Name		MI Last	t Name				
Address:					<del></del>		
City							
Preferred Telephone _		Email Ad	dress				
Gender 🗆 Male	☐ Female	☐ Unspecified	Date of Birth (req	uired)			
Emergency Contact Name			Phone				
FAMILY MEMBERSHII	PINFORMATIO	N					
# Spouse/Children's FULL NAMES (list last name if different)			Gender	Date of Birth	Relationship		
1.			☐ M ☐ F ☐ U				
2.			_ M				
3.			M F U				
4.			_ M _ F _ U				

5.

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<sup>\*</sup>Dependents (ages 18 and under) may include children, grandchildren, and other children for whom the adult is guardian and is tax dependent.

## **CURRENT STATUS**

Please itemize your gross annual household income. Documentation is required.

	Your Income	Spouse's Income	Other Income	Expenses		
Salary, wages, and tips				Rent/Mortgage	\$	
Unemployment compensation				Utilities	\$	
Social Security Compensation				Food	\$	
Aid for Dependent Children				Clothing	\$	
Food Stamps				Phone	\$	
401(k) Retirement				Automobile	\$	
Alimony				Alimony	\$	
School loan income				Child Support	\$	
Housing allowance				Medical	\$	
Other				Other	\$	
				(Please List)		
Total Annual Income:				Total Expenses:	\$	
	Youth	Senior		Senior Couple		
How much are you able to pay	for the area/pro	ogram vou are appl	vina for?			
	Child Care \$ (Per month)		session)	Programs \$_ (Per session	Programs \$ (Per session)	
I verify that this information is						
Plattsburgh YMCA to verify thi	s information. I	agree to notify the	YMCA if my fin	ancial status chang	jes.	
	s information. I	agree to notify the	YMCA if my fin	ancial status chang	jes.	
Signature	s information. I	agree to notify the	YMCA if my fin	ancial status chang	jes.	
Plattsburgh YMCA to verify thi Signature  Scholarship Awarded:	s information. I	agree to notify the	YMCA if my fin	ancial status chang	jes.	
Signature	s information. I	agree to notify the	YMCA if my fin	ancial status chang	jes.	
SignatureScholarship Awarded:	D40%	agree to notify the	YMCA if my fin	ancial status chang	es.	