



# 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 INFORMATION

New Application  Renewal

Date: \_\_\_\_\_

First Name \_\_\_\_\_ MI. \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Gender  Male  Female Date of Birth (required) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

### FAMILY MEMBERSHIP INFORMATION

#	Spouse/Children's FULL NAMES (list last name if different)	Gender	Date of Birth	Relationship
1.		<input type="checkbox"/> M <input type="checkbox"/> F		
2.		<input type="checkbox"/> M <input type="checkbox"/> F		
3.		<input type="checkbox"/> M <input type="checkbox"/> F		
4.		<input type="checkbox"/> M <input type="checkbox"/> F		
5.		<input type="checkbox"/> M <input type="checkbox"/> F		

\*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)	\$
<b>Total Annual Income:</b>				<b>Total Expenses:</b>	<b>\$</b>

Program Requesting:  Childcare  Camp  Program \_\_\_\_\_

Membership (check one): \_\_\_ Family \_\_\_ Single Parent Family \_\_\_ Adult \_\_\_ Teen  
 \_\_\_ Youth \_\_\_ Senior \_\_\_ Senior Couple

How much are you able to pay for the area/program you are applying for?

Membership \$ _____ (Per Month/Year)	Child Care \$ _____ (Per month)	Camp \$ _____ (Per session)	Programs \$ _____ (Per session)
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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 \_\_\_\_\_

**OFFICE USE ONLY**

Scholarship Awarded:

\_\_\_ 20% \_\_\_ 30% \_\_\_ 40% \_\_\_ 50%

\_\_\_ Family \_\_\_ Single Parent Family \_\_\_ Adult \_\_\_ Youth \_\_\_ Teen \_\_\_ Senior  
 \_\_\_ Senior Couple

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_