



# Rockland County YMCA

## 2019 Scholarship Application

Based upon available resources, the YMCA goal is to provide assistance to adults, families and children for membership and programs. Financial Aid awards are based on a review of the applicant's income, expenses and extenuating circumstances

*Please do not include originals of any documentation, as they will not be returned.*

*All information is confidential and treated with the utmost sensitivity.*

*Processing time is typically 2 weeks.*

### **REQUIRED INFORMATION TO SUBMIT**

**Application will be considered incomplete until all requested items are submitted.**

1. Completed Application Form
2. A copy of your most recent Income Tax Return-IRS Form 1040 w/copies of all supporting W-2 forms **OR** letter from IRS stating you do not need to file tax return.

**Additional information as applicable to your situation:**

- If you are receiving SSI, Food Stamps, Medicaid or Medicare, please submit a copy of the Award Letter.
- If you are **employed**, at least 4 weeks of current pay-stubs or 8 - weeks of pay stubs if your pay varies from week to week. If you do not receive a pay stub a salary Verification form ACD1038 must be submitted.
- If you are a **student**, please submit your latest Financial Aid form and a copy of your latest schedule.
- If you are **self-employed**, you must submit your latest business and personal Income Tax return.
- If you are **unemployed** you must submit your State Unemployment documentation.

### ***Optional Information***

- Telephone, utility and other monthly bills (e.g. rent) for the previous three months that would serve as backup to your claim of inability to pay the full program fee.
- Letters from a doctor, hospital or other provider that detail a condition that increases your need for the YMCA's programs or services and is an extenuating factor in your request for a scholarship.

***It is the mission of the YMCA to assist individuals who might otherwise not be able to afford our programs and services. Financial assistance funds are allocated from donations received from our Fundraising Campaign.***

Please return completed application and required materials to:

- Maire Brosnan Katavolos-Teen Summer Camp, Teen Programs, Dance Programs, Preschool/ Toddler Programs, Aquatic Programs
- Lucy Reedy -SACC in Nyack, Ramapo South Orangetown, Clarkstown
- Juliet Allen - all North Rockland SACC and Camp Programs
- Tom Mahoney - Membership for Nyack



# Rockland County YMCA 2019 Scholarship Application

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New Application       Scholarship Renewal

Financial assistance requested for (Program Name or Membership Type): \_\_\_\_\_

Comments:

### Parent/Guardian if participant is a minor

Name \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Email Address: \_\_\_\_\_

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

### Parent/Guardian if participant is a minor

Name \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Email Address: \_\_\_\_\_

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

**Marital Status:** Single   Married   Divorced   Widowed   Domestic Partnership   Other

**Household:** Single Adult   Single Adult + Child/Children   Two Adults   Two Adults + Child/ Children

**Ethnicity:** Caucasian   Latino/ Hispanic   African American   Asian/ Pacific Islander   Native American

*This information is for tracking purposes only and is not considered when making any determination about assistance.*

HOUSEHOLD	FIRST NAME	LAST NAME	GENDER	BIRTH DATE	RELATIONSHIP TO APPLICANT
Applicant					
Spouse/ Partner					
Child 1					
Child 2					
Child 3					
Child 4					

I have completed this application with factual information and have attached all requested information.

Applicant's Signature: \_\_\_\_\_

YMCA received: _____ processed: _____	YMCA Staff: _____	Financial aid amount: _____
Comments: _____		