



Rockland County YMCA

2019 Scholarship Application

Based upon available resources the YMCA is pleased to be able to provide as much assistance as possible for the 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. To evaluate your individual needs, the YMCA requires some information - see checklist below.

Financial Assistance Application will be considered incomplete until all requested items are submitted-
incomplete applications cannot be processed.

If you are applying for a scholarship for a particular program it is recommended that you apply at least 30 days in advance of the program start date.

NOTE: Please do not include originals of any documentation, as they will not be returned.
For your security all information is confidential and treated with the utmost sensitivity.

REQUIRED INFORMATION

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.

Submit 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 Strong Kids Campaign.

Please return completed application and required materials to:

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

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New Applicant

Renewal of Previous Scholarship

Participant's Name: _____ DOB: _____
Address: _____ City: _____ State ____ Zip _____
Cell Phone _____ Email _____

Financial assistance requested for:

Membership ____ Swim Lessons ____ Childcare: ____ Summer Camp: ____ Other: ____

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. I understand it typically takes 2 weeks to process this application and I will be contact by the YMCA via phone or email.

Applicant's Signature: _____

YMCA: received: _____ processed: _____ financial aid amount: _____

Comments: _____ YMCA Staff: _____