



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Scholarship Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA of Kingston and Ulster County ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our **Scholarship Program**, the YMCA of Kingston and Ulster County assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by YMCA in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

*A Scholarship reduces membership fees; it does not eliminate them.

All Scholarships will be granted for 12 months or the applicable program.

The YMCA requests that individuals and families reapply annually, with updated documentation.

Membership fees are subject to change when you reapply. If you do not reapply at the time requested, your membership will expire.

Please contact us if you have any questions.



ymcaulster.org

Scholarship Application

Apply for a Scholarship in 5 easy steps!

1 APPLICANT INFORMATION

Name _____

Mailing Address _____

City _____

State _____ ZIP Code _____

Home Phone () _____

Cell Phone () _____

Email _____

If an applicant is under 18: Parent's or legal guardian's name _____

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance.

Parent/Guardian/Adult

Parent/Guardian/Adult

<input type="checkbox"/> Child	DOB
<input type="checkbox"/> Child	DOB
<input type="checkbox"/> Child	DOB
<input type="checkbox"/> Child	DOB
<input type="checkbox"/> Child	DOB
<input type="checkbox"/> Other dependent(s)	Age(s)

3 I AM APPLYING FOR

Check category for which you are applying

MEMBERSHIP

PROGRAM

<input type="checkbox"/>	TEEN
<input type="checkbox"/>	YOUNG ADULT (ages 19-22)
<input type="checkbox"/>	ADULT (age 23-59)
<input type="checkbox"/>	SINGLE ADULT FAMILY
<input type="checkbox"/>	TWO ADULTS FAMILY
<input type="checkbox"/>	SENIOR
<input type="checkbox"/>	OTHER
<input type="checkbox"/>	CAMP* <input type="checkbox"/> SWK <input type="checkbox"/> WLMT
<input type="checkbox"/>	BEFORE/AFTER SCHOOL Location _____

What is current living situation?
Single Parent Home / Shelter / Foster/ Homess /Other

Who has custody of the child(ren)?
 Joint Mom Dad Foster
 Guardian I do not have custody

Are one ore more of the parents incarcerated?
 YES NO

4 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

↓ I FILED FEDERAL TAXES ↓
FOR LAST YEAR

1040 Federal Tax Form(s)
for all incomes in household

- I am an individual filing jointly; I am providing ONE 1040 form
- We filed more than ONE tax form in our household; We are providing _____ 1040 forms.

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

or

↓ I DID NOT FILE FEDERAL TAXES ↓
FOR LAST YEAR or
MY HOUSEHOLD INCOME HAS CHANGED SINCE
I FILED TAXES FOR LAST YEAR

Documents showing most recent
90 days of income (including pay stubs
or documentation of government
assistance, child support, alimony, rent
subsidy, food stamps, workers comp,
disability, pension, other.

\$ _____ x 12 =
30 DAYS INCOME MONTHS

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS, or by Program

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

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Signature of person completing this form

Date

Attach all applicable financial documents and turn in to the YMCA Member Services Desk.

FOR OFFICE USE

APPROVED YES NO

YMCA % YOU %

JOIN TODAY FOR \$

STAFF NAME DATE

AWARD LETTER IS VALID FOR 30 DAYS.

Payment plans are available. YMCA STAFF: Return financial documents to applicant. Copy this form and give to applicant.

TELL US MORE... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

I want/need a YMCA Scholarship because: