



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

For Office use only: Date Received: _____ Deposit Paid: _____
Approved: _____ wks/mos at _____%

YMCA OF CENTRAL NEW YORK

SCHOLARSHIP APPLICATION

SCHOOL AGE CHILD CARE SUMMER CAMP PRESCHOOL

- Initial application deadlines:
 - School Age Child Care/Preschool **August 14th**
 - Summer Camp **May 15th**
- Second chance deadlines for possible remaining funds:
 - School Age Child Care/Preschool **Ongoing** until funds are depleted
 - Summer Camp **Ongoing** until funds are depleted
- Applications for SACC and Camp scholarships must be accompanied by a DSS Letter of Denial or income verification that your family would not qualify for DSS (see chart on next page.)
- A \$50/per child deposit for Childcare or a \$10/per child/ per session deposit for Camps must be included with all registrations.
- Please provide all required copies of your Federal Tax Return, pay stubs, benefit checks, etc., as the Member Service staff will not be available to do this for you.
- Separate copies of all papers must be submitted for each scholarship application (i.e. Membership will not forward a copy to School Age nor vice versa.)
- Children will receive a scholarship to be used towards a total of 1-2 sessions at a YMCA of Central New York summer camp.

Mission Statement

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

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HAL WELSH EAST AREA FAMILY YMCA

200 Towne Drive, Fayetteville, NY 13057
 Phone: (315) 637-2025 ♦ Fax: (315) 637-0403

Fayetteville-Manlius ♦ East Syracuse Minoa ♦ Jamesville-Dewitt ♦ YMCA Day Camps ♦ Camp Iroquois

The YMCA of Central New York is a not-for-profit organization committed to helping people grow in spirit, mind and body. YMCAs are here to serve people of all ages, backgrounds, abilities and incomes. The Y is community-based and believes that its programs and services should be available to everyone. For this reason, the YMCA offers program scholarships. Scholarships are on a sliding-fee scale scholarship that is designed to fit each individual's financial situation. Our scholarship program is often utilized by families on a fixed income or experiencing financial hardships.

Families who are unable to afford our stated child care and/or summer camp fees are required to seek financial assistance through the Onondaga County Department of Social Services (DSS) before applying for a YMCA Scholarship. The chart below outlines income levels that qualify for DSS assistance. You must provide a Letter of Denial from DSS or income verification that proves you would not qualify based on the below standards.

200% of POVERTY LEVEL	DSS LEVEL OF ELIGIBILITY FOR FAMILY SIZE OF:								EACH ADD'L PERSON
	1	2	3	4	5	6	7	8	
ANNUAL GROSS INCOME	\$23,760	\$32,040	\$40,320	\$48,600	\$56,880	\$65,160	\$73,460	\$81,780	+\$4,160

The YMCA of Central New York requires that individuals provide the requested information on the attached form regarding income, family size and necessary expenses so that it can provide financial assistance in a fair and consistent manner.

You must reapply at the start of each camp season & school year. Your fees may increase when you reapply. If you do not reapply, you will automatically be charged the full rate until the application and approval process is complete.

To process your application, we will need the following information:

- **Copy of 2017/18 Federal Tax Return**
- **(Or) Copy of Social Security Disability or other benefits checks**
- **DSS Letter of Denial**

Note: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service (1-800-829-1040). If you did not file taxes last year, or if you do not have the other documents required, please submit a letter explaining your personal situation.

Applications will be reviewed based on the deadlines listed on the cover. Please include a program registration with your scholarship application. **Letters will be mailed to all applicants. If approved, you will have 10 days to accept and complete any incomplete registration forms.** At this time, you will need to bring with you: your award notice, payment for the balance of the first session or month that your child will be attending, and photo identification.

Funds for the scholarship program are made available through the YMCA's Annual Campaign. The scholarship may not be used in conjunction with any other financial assistance program (DSS, Jobs Plus, etc.) or discount.

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YMCA of Central New York Scholarship Application

Applications will be processed only after all information is submitted and the application is filled out completely.

Are you currently YMCA of Central New York Family Members? Yes No

___ School Age Child Care	
Program Attending:	<input type="checkbox"/> East Syracuse Elementary <input type="checkbox"/> Fremont <input type="checkbox"/> Minoa <input type="checkbox"/> Woodland <input type="checkbox"/> East <input type="checkbox"/> Manlius <input type="checkbox"/> FMHS <input type="checkbox"/> Immaculate Conception <input type="checkbox"/> Dewitt Childcare & Learning Center <input type="checkbox"/> East Tween Club
Daily Attendance:	<input type="checkbox"/> AM Only <input type="checkbox"/> PM Only <input type="checkbox"/> AM & PM
___ Preschool	
Program Attending:	EAST: <input type="checkbox"/> THREEs, Tuesday/Thursday <input type="checkbox"/> FOURs, Monday, Wednesday, Friday DEWITT (3s & 4s): <input type="checkbox"/> Monday-Friday <input type="checkbox"/> Tuesday/Thursday <input type="checkbox"/> Monday/Wednesday/Friday
___ Summer Camp	
Program Attending:	<input type="checkbox"/> Kids Camp <input type="checkbox"/> Green Lakes Camp <input type="checkbox"/> Arts Camp <input type="checkbox"/> Sports Camp <input type="checkbox"/> Mini Explorers <input type="checkbox"/> Camp Iroquois <input type="checkbox"/> Half Day Camp: _____
Name(s) of child(ren) attending:	1) _____ 2) _____ 3) _____ 4) _____
Session/Week dates:	1) _____ 2) _____

Personal Information (Please Print):

Name _____ Home Phone _____
Address _____ Age _____ D.O.B. ____ / ____ / ____
City _____ State _____ Zip Code _____

Total Number of dependents: _____

List names & ages of all persons in the household. Your household includes dependents you claim on your federal tax return.

Spouse: _____ Age _____ D.O.B. ____ / ____ / ____

Children and other dependents:

1. _____	Age _____ D.O.B. ____ / ____ / ____	3. _____	Age _____ D.O.B. ____ / ____ / ____
2. _____	Age _____ D.O.B. ____ / ____ / ____	4. _____	Age _____ D.O.B. ____ / ____ / ____

Employment Information:

Employer _____	Work Phone _____
Address _____	City/State/Zip _____
Position _____ Supervisor's Name _____	Length of employment: _____ PT or FT
Spouse's Employer _____	Work Phone _____
Address _____	City/State/Zip _____
Position _____ Supervisor's Name _____	Length of employment: _____ PT or FT

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Income/Expenses Worksheet

Income:

- \$_____ 1) Your Gross Monthly Income
- \$_____ 2) Spouse's Gross Monthly Income
- \$_____ 3) Child Support
- \$_____ 4) Aid to Dependent Children
- \$_____ 5) Public Assistance (Budget sheet, ID card)
- \$_____ 6) Food Stamps
- \$_____ 7) Other (Please Explain)

\$_____ TOTAL MONTHLY INCOME

\$_____ TOTAL ANNUAL INCOME
(HOUSEHOLD)

Expenses:

- \$_____ 1) Rent/Mortgage (Circle One)
- \$_____ 2) Auto Loan
- \$_____ 3) Utilities
- \$_____ 4) Phone (Listed in your name)
- \$_____ 5) Child Support
- \$_____ 6) Medical
- \$_____ 7) Child Care
- \$_____ 8) Food
- \$_____ 9) Other (Please Explain)

\$_____ TOTAL MONTHLY EXPENSES

Do you share expenses with anyone else in your household? _____ Total Number in household _____

How much can you afford to pay? \$_____

Reason applying for the YMCA Scholarship Program? _____

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false, incomplete, or inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the YMCA Scholarship Program.

Signature of Applicant _____

Date _____

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