



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Southwest YMCA Financial Scholarship APPLICATION

- Applications are processed on a first come, first serve basis.
- **You must include a completed Registration Form and deposit (if applicable) with your Application in order to hold a spot.**
- Please provide all required copies of taxes, pay stubs, benefit checks, etc., as the front desk staff will not be available to do this for you.
- Families that qualify for day care assistance through the Department of Social Services will need to apply with them. To view the eligibility criteria please visit their website at <http://www.onqov.net/dss/dayCare.html>. If you submit an application and it appears that you qualify for day care assistance you will be referred to DSS.
- Families will be asked to re-apply for funding one to two times per year.

Southwest YMCA
4585 West Seneca Turnpike
Syracuse, NY 13215
(315) 498-2893

Mission Statement

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

Y Cares

The YMCA of Greater Syracuse is a not-for-profit organization committed to helping people grow in spirit, mind and body. Ys 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. That is why the Y offers financial scholarships. This is a sliding-fee scale scholarship that is designed to fit each individual's financial situation. Our scholarship program is often utilized by:

- Youth
- Adults who are temporarily out of work
- Single moms & dads experiencing financial hardships
- People on fixed income
- People who are overwhelmed with medical bills
- Those experiencing other financial hardships

The YMCA of Greater Syracuse 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. The YMCA also requires that individuals reapply every summer to keep the information on their application updated. Your fees may increase when you reapply.

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

- **Copy of most recent tax return AND**
- **Copy of one month's pay stubs**
- **Copy of Social Security Disability or other benefits checks**
- **Completed Registration Form with applicable deposit**

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.

Funds for financial scholarship program are made available through the YMCA's Annual Campaign

NOTE: APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION IS SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY 😊

Mission Statement

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

Caring – Honesty – Respect – Responsibility

YMCA of Greater Syracuse Scholarship Application

Please check the program _____ SACC Program _____ Camp Southwest
 You are applying for:

Name(s) of Child(ren) 1) _____ 2) _____
 attending: 3) _____ 4) _____

Parent/ Guardian's personal Information (Please print):

Name _____ Home Phone _____

Address _____ Age _____ D.O.B. _____

City _____ State _____ Zip Code _____

Total Number of dependents: _____

List names (first and last) and ages of all persons in the household. Your household includes dependents you claim on your federal income tax return.

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

Children and other dependents:

1. _____	Age _____	D.O.B. _____	4. _____	Age _____	D.O.B. _____
2. _____	Age _____	D.O.B. _____	5. _____	Age _____	D.O.B. _____
3. _____	Age _____	D.O.B. _____	6. _____	Age _____	D.O.B. _____

Employment Information:

Employer _____ Work Phone _____

Address _____ City/State/Zip _____

Position _____ Length of employment: _____ Part or Full time _____

Gross Monthly Income: _____ Supervisor's Name _____

Spouse's Employer _____ Work Phone _____

Address _____ City/State/Zip _____

Position _____ Length of employment: _____ Part or Full time _____

Gross Monthly Income: _____ Supervisor's Name _____

Mission Statement

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

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 GROSS INCOME
(HOUSEHOLD)

Expenses:

- \$_____ 1) Rent/Mortgage (Circle)
- \$_____ 2) Auto Loan
- \$_____ 3) Utilities
- \$_____ 4) Phone (Listed in name)
- \$_____ 5) Child Support
- \$_____ 6) Medical
- \$_____ 7) Child Care
- \$_____ 8) 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 Y Cares 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 or inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the Y Cares program.

Signature of Applicant

Date

NOTE: APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION IS SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY ☺

Mission Statement

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