



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Office Use Only

Date Received  
Approved Through  
Percentage Approve

# YMCA OF CENTRAL NEW YORK SCHOLARSHIP APPLICATION

Scholarship funding is available for all students attending or School Age Program, Camp Southwest, College for Kids and Mini Artist Camp offerings. Please make note of the following before applying for scholarship funding:

- Scholarships are awarded on a first come first served basis with the initial application deadlines as follows.
  - School Age Childcare August 15th
  - Camp Southwest May 15th
  - College for Kids June 15th
  - Mini Artist Camp June 15th

When applying for financial aid, please be sure to make note of which program you are applying for financial assistance for. There will be a second chance for funding should funds be remaining after the first round of applications. Funding will be given to those in the order applications were received and will be awarded on an ongoing basis until funds are depleted in full.

- All applications must be accompanied by a DSS Letter of Denial or income verification that your family would not qualify for DSS. Please refer to the chart below for DSS eligibility.

ANNUAL GROSS INCOME	DSS LEVEL OF ELIGIBILITY FOR FAMILY SIZE OF:								EACH ADD'L PERSON
	1	2	3	4	5	6	7	8	
	\$24,980	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860	+\$8,840

- All applications must be accompanied with proper financial verification paperwork. Appropriate paperwork includes your Federal Tax Return (Form 1040), a copy of your last three paystubs, benefit checks, etc. Please be sure to provide copies with you application. Any delay in providing the office with this information could delay the processing of your scholarship award. Please note that scholarships cannot be awarded without this information. Failure to provide our office with copies of this information in a timely manner could lead to loss of possible funding.

-Please note that children will receive a scholarship to be used towards a total of 1-2 week sessions at any YMCA of Central New York Summer Camp.

Any questions regarding scholarship opportunities should be directed to the Senior Program Director Julie Daniel at 315-498-2474 or email at [Jdaniel@ymcacny.org](mailto:Jdaniel@ymcacny.org)

Mission Statement

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

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 childcare and/or summer camp fees are required to seek financial assistance through the your county's 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.

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.

Your 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 Current 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.

#### Mission Statement

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

# 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"/> Westhill at Southwest Y						
AM Attendance:		<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
PM Attendance:		<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

  

____ Summer Camp		*Campers may be approved for 1-2 weeks of summer camp.			
Program Attending:		<input type="checkbox"/> Camp Southwest	<input type="checkbox"/> College for Kids	<input type="checkbox"/> Mini Artist Camp	
Name(s) of child(ren) attending:		1) _____		2) _____	
		3) _____		4) _____	
Session 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

**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 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 each week? \$\_\_\_\_\_

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 \_\_\_\_\_

### Mission Statement

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