



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 15<sup>th</sup>
  - Summer Camp May 15<sup>th</sup>
- Second chance deadlines for possible remaining funds:
  - School Age Child Care 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 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.

### Downtown Syracuse YMCA

Attn: Kristina Mullahy

340 Montgomery Street, Syracuse, NY 13202

Phone: (315) 474-6851 x315

Marcellus CSD ♦ Syracuse City CSD ♦ West Genesee CSD  
Camp Sunny Days

#### Mission Statement

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

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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 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.

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

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 2020 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

<b>_____ School Age Child Care</b>					
Program Attending:	<input type="checkbox"/> East Hill	<input type="checkbox"/> KC Heffernan	<input type="checkbox"/> Onondaga Rd	<input type="checkbox"/> Roberts	<input type="checkbox"/> Syracuse Latin
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
<b>_____ Summer Camp</b> *Campers may be approved for 1-2 weeks of summer camp.					
Program Attending:	<input type="checkbox"/> Camp Y-Mustang	<input type="checkbox"/> Camp Y-Erie			
Name(s) of child(ren) attending:	1) _____		2) _____		
	3) _____		4) _____		
Session dates:	1) _____		2) _____		
<b>_____ Preschool</b>					
Class Attending:	<input type="checkbox"/> 3-Year Old	<input type="checkbox"/> 4-Year Old (3 day)	<input type="checkbox"/> 4-Year Old (5 day)		

**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)

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 \_\_\_\_\_

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## 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