



Plattsburgh YMCA **CAMP** Scholarship Assistance App

The Plattsburgh YMCA is a mission-driven, nonprofit organization that strives to serve all. Through the generosity of our community, we offer financial assistance to reduce membership and/or program fees. All financial assistance is granted based on income and need.

All information is kept confidential. All memberships are subject to the standards and policies of our membership agreement and bank draft/credit card payment plan authorization agreement.

To apply for financial assistance, please complete the following to be considered for financial assistance.

- Completed scholarship assistance application.
- Proof of income for your household. May include a most recent federal income tax return or verification letter; one month's worth of most recent paycheck stubs; unemployment statement; and/or social security benefits. If you are a full-time student, please provide a summary of your unemployment benefits, SSI paperwork, or financial aid benefits and student schedule.
- A letter stating the reason you are requesting a scholarship.
- **IF YOU HAVE APPLIED FOR, OR RENEWED, A SCHOLARSHIP WITHIN THE PAST THREE MONTHS, YOU DO NOT NEED TO PROVIDE PROOF OF INCOME AGAIN.**

PARENT INFORMATION *Please print clearly* DATE _____

First and Last Name _____

Date of Birth _____

Street Address _____

City _____ State _____ Zip Code _____

Preferred Telephone # _____

Email Address _____

Gender (check one) Female Male Prefer not say

Emergency Contact Name _____

Emergency Contact Phone Number _____

CHILD INFORMATION

*Family members include those living in the same household, and/or who are tax dependent.

	Children's FULL Names	Gender (Circle one)	Birthdate	Relationship
1.		F M Prefer not to say		
2.		F M Prefer not to say		
3.		F M Prefer not to say		
4.		F M Prefer not to say		



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FINANCIAL INFORMATION

Please itemize your gross annual income and expenses. You will need to include proof of income with your application. You are welcome to include proof of monthly expenses as well.

	Your <u>Monthly</u> Income	Partner's Income	Other Income	Expenses (<u>Monthly</u>)	
Salary, wages, tips				Rent/ Mortgage	
Unemployment Compensation				Utilities	
Social Security Compensation				Food	
Aid for dependent children				Phone/ Internet	
Food Stamps				Automobile/ Transportation	
401(k) Retirement				Alimony/ Child Support	
Alimony/ Child Support				Medical	
School Loan Income				Other Expenses (Please list)	
Housing Allowance					
Other (Please list)					
Total Monthly Income				Total Monthly Expenses	



FOR YOUTH DEVELOPMENT*
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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What sessions are you planning to register for? (Indicate all that apply)

Session 1 ___	Session 2 ___	Session 3 ___	Session 4 ___	Session 5 ___
June 30-July 11	July 14-25	July 28-August 8	August 11-22	August 25-29

Cost ranges \$320-\$450 per session, per child. About how much of that amount are you able to pay per session per child? _____

I verify that this information is true and complete to the best of my knowledge. I grant permission to the Plattsburgh YMCA to verify this information. I agree to notify the YMCA if my financial status changes.

Signature _____

Date _____

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OFFICE USE ONLY

Scholarship Awarded: 40% ___ 50% ___ 60% ___ 70% ___ 80% ___

Number of sessions approved: _____