



Plattsburgh YMCA Scholarship Assistance Application

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.

PRIMARY MEMBER INFORMATION

DATE _____

Please print clearly.

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 _____

FAMILY MEMBERSHIP INFORMATION

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

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



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Assistance you are requesting (check all that apply):

Child Care	Regular Price	How much would you be able to pay of that amt?
___ Bright Beginnings Daycare/Preschool	\$1000-\$1140/month	
___ School Age Y's Time Program	\$198-\$394/month	
___ Summer Camp (must request in March)	\$300-\$430 (for 2 weeks)	
Programming		
___ Youth Sports	\$60-\$125/session	
___ Swim Lessons	\$60-\$125/session	
Membership		
___ Family (2 adults+dependents)	\$68/month	
___ Single-Family (1 adult+dependents)	\$60/month	
___ Adult (ages 19-64)	\$50/month	
___ Teen (ages 13-18)	\$35/month	
___ Youth (ages 12 and under)	\$31/month	
___ Senior (ages 65+)	\$41/month	
___ Senior Couple (at least one must be 65+)	\$54/month	

Programming note*

Youth sports, swim lessons, child care, and camp are open to non-members. You are not required to have a membership to participate, however, membership gives you earlier registration dates and lower prices on programming.

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 _____

OFFICE USE ONLY

Scholarship Awarded: ___ 20% ___ 30% ___ 40% ___ 50%

Membership _____