



# Greater Carbondale YMCA

## Application for Scholarship Assistance



Please fill out the following information and attach the necessary documents (photocopies ONLY) and return to the Executive Director located at 82 N Main St Carbondale, PA 18407. A letter stating your reason for your request for Scholarship Assistance must accompany this application. An interview may be required prior to the approval of this scholarship application. Balance of the allocation must be paid in full. Exceptions to this policy are to be made only by the Executive Director.

**PLEASE PRINT ALL INFORMATION!**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ How Long Employed?: \_\_\_\_\_ Yrs \_\_\_\_\_ Mths

E-Mail: \_\_\_\_\_

Family Size: \_\_\_\_\_ Adults \_\_\_\_\_ Children

Spouse/Children's Name	Age	Sex	School/Employer	Date of Birth

Are You a Single Parent Household? \_\_\_\_\_ Yes \_\_\_\_\_ No

Application for Scholarship Assistance is for: \_\_\_\_\_ Membership  
 \_\_\_\_\_ Program  
 \_\_\_\_\_ Preschool  
 \_\_\_\_\_ Other: \_\_\_\_\_

Have You Ever Applied for Scholarship Assistance at any YMCA? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Which YMCA? \_\_\_\_\_

What Volunteer Service Did You Provide? \_\_\_\_\_

How Many Volunteer Hours Did You Provide? \_\_\_\_\_

Total Household Income is:

- \_\_\_\_\_ Under \$8,000
- \_\_\_\_\_ \$8,001 - \$12,000
- \_\_\_\_\_ \$12,001 - \$15,000
- \_\_\_\_\_ \$15,001 - \$18,000
- \_\_\_\_\_ \$18,001 - \$20,000
- \_\_\_\_\_ \$20,001 - \$25,000
- \_\_\_\_\_ Over \$25,000

What Amount Are You Willing To Pay or Have the Ability to Pay Each Month?

Membership: \$ \_\_\_\_\_ per Month      Full Cost: \_\_\_\_\_  
 Program:     \$ \_\_\_\_\_ per Month      Full Cost: \_\_\_\_\_  
 Preschool:    \$ \_\_\_\_\_ per Month      Full Cost: \_\_\_\_\_

What Benefits Do You See in Having This Scholarship to Join the YMCA as a Member or Participant?

\_\_\_\_\_

\_\_\_\_\_

Why Are You Applying for Scholarship Assistance?

\_\_\_\_\_

\_\_\_\_\_

What Volunteer Service Can You Provide to the YMCA?

\_\_\_\_\_

\_\_\_\_\_

Please Itemize Your HOUSEHOLD MONTHLY Income and Expense Items

Wages, Salaries, and Tips:	\$ _____	Rent/Mortgage:	\$ _____
Unemployment Compensation:	\$ _____	Utilities:	\$ _____
Social Security Compensation:	\$ _____	Food:	\$ _____
Child Support:	\$ _____	Clothing:	\$ _____
Aid to Dependent Children:	\$ _____	Phone:	\$ _____
Food Stamps:	\$ _____	Car & Insurance:	\$ _____
401K/Retirement Funds:	\$ _____	Child Support:	\$ _____
Alimony:	\$ _____	Medical:	\$ _____
Other: _____	\$ _____	Other: : _____	\$ _____
<b>TOTAL INCOME</b>	<b>\$ _____</b>	<b>TOTAL EXPENSES</b>	<b>\$ _____</b>

**You Must Attach Last Years Internal Revenue Service (IRS) Tax Statement and/or Your SSI Allocation Statement and Your Most Recent Pay Stub to Verify Your Annual Earnings.**

**THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!**

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

\_\_\_\_\_  
 Signature of Person Completing this Form

\_\_\_\_\_  
 Date

Please allow a minimum of three (3) weeks before this application can be processed and approved (or denied) by the YMCA. You will be contacted as to the status of this application. If you have any questions, please feel free to contact the Executive Director at 282-2210.

Funding for Scholarship Assistance is Provided by the United Way, Annual Giving Campaign, and Y Special Event Fundraisers