



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WE'RE HERE TO HELP

Application for Scholarship Assistance at the GREATER CARBONALE YMCA



United Way of
Lackawanna and Wayne Counties

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: _____ Primary Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Place of Employment: _____ How Long Employed?: _____ Yrs _____ Mths

E-Mail: _____

Family Size for family/single parent membership: _____ Adults _____ Children

Are you or anyone in your household covered by MEDICAID or CHIP ___ YES ___ NO

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
 Program: \$ _____ per Month
 Preschool: \$ _____ per Month

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: : _____	\$ _____
TOTAL INCOME	\$ _____	TOTAL EXPENSES	\$ _____

YOU MUST ATTACH: Your most recent (IRS) Tax Statement and Your Most Recent Pay Stub to Verify Your Annual Earnings. OR Your Social Security Income or Social Security Disability Allocation Statement.

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.

The Greater Carbondale YMCA will not refuse participation to our agency by anyone based on disability, race, age, religion, or financial situation.

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