

Checklist

Use this checklist to ensure that you have completed application and provided all necessary documentation before turning this application in. **Incomplete applications will not be processed.**

_____ Provided complete contact information on Box #1. All blanks should be filled out with information or N/A.

_____ In Box #2 provided legal names and correct dates of birth for all persons living in household. Attach additional piece of paper if necessary.

_____ In Box #3, IF YOU ARE APPLYING FOR SUMMER CAMP, PRE-K OR AFTERSCHOOL CARE, you must answer the questions included. If you have applied for financial assistance for Child Care from the Dept. of Family & Children Services, and have been turned down, **you must provide a copy of this letter.** Indicate how much you are willing and able to pay to participate in the desired program.

Applicants for Summer Camp _____, the deadline for receiving COMPLETE Application is _____ (NO EXCEPTIONS).

_____ Box #4 has two sections. Fill out the top section if you filed federal taxes last year and your income has not changed. Fill out the bottom section if you did not file federal taxes, or if your income changed. Income documentation is required for these applicants.

- Pay stubs or documentation of government assistance
- Food Stamp documentation
- Child Support documentation
- Funding received for schooling (X number of semesters)

_____ Provide documentation of all current expenses as listed in Box #5.

_____ Provide a Letter of Interest as described in Box #6.

_____ Sign and date application in Box #7

You will be contacted for an interview. Please do not call unless it has been 3 weeks or more since you turned in an application.

Albany Area YMCA People Helping People Scholarship Application



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

With a commitment to nurturing the potential of kids, promoting healthy living, and fostering a sense of social responsibility, the Albany Area YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

The YMCA believes that no one should be denied access to the Y based on their ability to pay. Through our People Helping People Scholarship fund, generous donors have made it possible for the Y to provide financial assistance to youth, adults and families based on individual needs and circumstances.

Your payment amount will be determined in a fair and consistent manner and will be determined from a sliding scale, based on your income and expenses. YMCA members can feel confident knowing that they are part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



- Scholarship funds reduce membership and/or program fees; they do not eliminate them. All scholarship recipients are asked to pay something.
- Scholarships are granted for 12 months. Recipients must reapply after one year.
- Contact the YMCA at 229-436-0531 if you have any questions.



Albany Area YMCA People Helping People Scholarship Application - Apply in 7 easy steps!

1 APPLICANT INFORMATION – Please Print

Name _____ Home Phone _____

Cell Phone _____ E-mail _____

Address _____

City _____ St _____ Zip _____

If applicant is under 18, parent or legal guardian's name _____

2 LIST ALL PERSONS LIVING IN THIS HOUSEHOLD—Please Print

Parent/Guardian/Adult _____

Parent/Guardian/Adult _____

Child _____ Date of Birth _____

Child _____ Date of Birth _____

Child _____ Date of Birth _____

Child _____ Date of Birth _____

Child _____ Date of Birth _____

Child _____ Date of Birth _____

Other Dependents and their ages _____

3 I AM APPLYING FOR FINANCIAL ASSISTANCE FOR

Individual Membership _____ Family Membership _____ Youth Sports _____

Afterschool Care _____ Pre-K _____ Summer Camp _____ Swimming _____

FOR CHILD CARE AND SUMMER CAMP APPLICANTS, ANSWER THESE QUESTIONS:

What other child care options are available to you? _____

Have you been turned down for assistance by Dept. of Family and Children Services? Y N

If so, please provide a copy of that rejection letter.

Who has custody of child(ren)? Joint _____ Mom _____ Dad _____ Foster _____ Guardian _____

Parent/Guardian #1: _____ At Home _____ Working _____ In School

Parent/Guardian #2: _____ At Home _____ Working _____ In School

How much are you willing/able to pay? Per week _____ Per month _____

4 FILL OUT AND PROVIDE THE FOLLOWING DOCUMENTS

If you filed federal taxes for last year, and your household income has not changed, the following questions and instructions apply to you:

PROVIDE **CURRENT** TAX FORM 1040 for all incomes in household.

_____ I am an individual filing jointly. I am providing ONE form.

OR Our household filed more than one tax form, so we are providing _____ 1040 forms.

Total Annual Household Income \$ _____

If you did not file federal taxes for last year, OR your household income has changed since last year, the following questions and instructions apply to you:

You must PROVIDE documents showing most recent 30 days of income. Provide the following documentation:

- Pay stubs or documentation of government assistance
- Food Stamp documentation
- Child Support documentation
- Funding received for schooling (X number of semesters)

30 days income \$ _____

Total Annual Household Income \$ _____

5 PROVIDE DOCUMENTATION OF EXPENSES

Provide a copy of bills for 2 most recent months - Rent, Cable, Phone, and Utilities.

6 LETTER OF INTEREST

Please provide a letter describing your interest in YMCA programs and your need for financial assistance. Attach the letter to this application along with other required documents.

7 SIGNATURE

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 agree, if necessary, to send additional information and documentation to support the above statements. I understand that assistance is based on need. In the event that I or my children must cancel our participation, I will notify the YMCA immediately so that scholarship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now or in the future.

Signature _____ Date _____

Thank you for applying!
A member of our staff will be in touch with you soon to set up a short interview.

Checklist on back