



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

For Office use only: Date Received: _____ Deposit Paid: _____
Approved: _____ wks/mos at _____%

YMCA OF CENTRAL NEW YORK SCHOLARSHIP APPLICATION

SCHOOL AGE CHILD CARE • SUMMER CAMP • PRESCHOOL

Applications for SACC and Camp scholarships must be accompanied by a DSS Letter of Denial or income verification that your family would not qualify for DSS (see chart on next page.)

A \$50 per child deposit is required for each School Age/Preschool program registration.

A \$20 per child deposit is required for each week of Summer Camp registration.

Please provide all required copies of your Federal Tax Return, pay stubs, benefit checks, etc., as the Member Service staff are not able to share documents.

Separate copies of all papers must be submitted for each scholarship application (i.e. Membership will not forward a copy to School Age nor vice versa.)

Children will receive a camp scholarship to be used towards a total of 1-2 sessions at a YMCA of Central New York summer camp. Additional weeks of camp scholarship may be available depending on funding.

Downtown YMCA

340 Montgomery Street, Syracuse, NY 13202

Phone: (315) 474-6851

Hal Welsh East Area Family YMCA

200 Towne Drive, Fayetteville, NY 13066

Phone: (315) 637-2025

Manlius YMCA

140 West Seneca Street, Manlius, NY 13104

Phone: (315) 692-4777

North Area Family YMCA

4775 Wetzel Road, Liverpool, NY 13090

Phone: (315) 451-2562

Northwest Family YMCA

8040 River Road, Baldwinsville, NY 13027

Phone: (315) 303-5966

Southwest Family YMCA

4585 West Seneca Turnpike, Syracuse, NY 13215

Phone: (315) 498-2699

Mission Statement

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

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The YMCA of Central New York is a not-for-profit organization committed to helping people grow in spirit, mind and body. YMCAs are here to serve people of all ages, backgrounds, abilities and incomes. The Y is community-based and believes that its programs and services should be available to everyone. For this reason, the YMCA offers program scholarships. Scholarships are offered on a sliding scale that is designed to fit each individual's financial situation. Our scholarship program is often utilized by families on a fixed income or experiencing financial hardships.

Families who are unable to afford our stated child care and/or summer camp fees are required to seek financial assistance through the your county's Department of Social Services (DSS) before applying for a YMCA Scholarship. The chart below outlines income levels that qualify for DSS assistance. You must provide a Letter of Denial from DSS or income verification that proves you would not qualify based on the below standards.

		DSS LEVEL OF ELIGIBILITY FOR FAMILY SIZE OF:						
ANNUAL GROSS INCOME		2	3	4	5	6	7	8
			\$54,930	\$69,090	\$83,250	\$97,410	\$111,570	\$125,730

The YMCA of Central New York requires that individuals provide the requested information on the attached form regarding income, family size and necessary expenses so that it can provide financial assistance in a fair and consistent manner.

You must reapply at the start of each camp season & school year. Your fees may increase when you reapply. If you do not reapply, you will automatically be charged the full rate until the application and approval process is complete.

- To process your application, we will need the following information:
- **Completed YCNY Scholarship Application**
 - **Proof of Income:**
 - **Copy of most recent Federal Tax Return -or-**
 - **Copy of Social Security Disability or other benefits checks**
 - **DSS Letter of Denial (not required for part time preschool applications)**

Note: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service (1-800-829-1040). If you did not file taxes last year, or if you do not have the other documents required, please submit a letter explaining your personal situation and last 4 weeks of pay stubs, if applicable.

Applications will be reviewed based on the deadlines listed on the cover. Please include a program registration with your scholarship application. **Approval letters will be e-mailed to all applicants. If approved, you will have 10 days to accept and complete your registration.**

Funds for the scholarship program are made available through the YMCA's Annual Campaign. The scholarship may not be used in conjunction with any other financial assistance program (DSS, Jobs Plus, etc.) or discount.

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YMCA of Central New York Scholarship Application

Applications will be processed only after all information is submitted and the application is filled out completely.

Are you currently YMCA of Central New York Family Members? Yes No

___ SCHOOL AGE CHILD CARE	
School Attending:	_____
Programs Attending:	<input type="checkbox"/> Before School <input type="checkbox"/> Vacation Days (full days off)
PM Attendance:	<input type="checkbox"/> After School <input type="checkbox"/> Half Days
___ SUMMER CAMP *Campers may be approved for 1-2 weeks of summer camp. DSS denial required.	
Camp(s) Attending:	_____
Name(s) of child(ren) attending:	1) _____ 2) _____ 3) _____ 4) _____
Session dates:	1) _____ 2) _____
___ PRESCHOOL	
YMCA Branch/Class Attending:	_____

Personal Information (Please Print):

Applicant Name _____ Age _____ D.O.B. ____/____/____
Spouse Name _____ Age _____ D.O.B. ____/____/____
E-mail Address _____ Primary Phone _____
Address _____ City _____ Zip Code _____

Total Number of dependents: _____

List names & ages of all persons in the household. Your household includes dependents you claim on your federal tax return.

Children and other dependents:

1. _____ Age _____ D.O.B. ____/____/____
2. _____ Age _____ D.O.B. ____/____/____
3. _____ Age _____ D.O.B. ____/____/____
4. _____ Age _____ D.O.B. ____/____/____

Employment Information:

Employer _____ Work Phone _____
Address _____ City/State/Zip _____
Position _____ Supervisor's Name _____ Length of employment: ____ PT or FT
Spouse Employer _____ Work Phone _____
Address _____ City/State/Zip _____
Position _____ Supervisor's Name _____ Length of employment: ____ PT or FT

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Income/Expenses Worksheet

*Please list N/A if an area is not applicable to your situation.

Income:

- \$ _____ 1) Your Gross Monthly Income
- \$ _____ 2) Spouse's Gross Monthly Income
- \$ _____ 3) Child Support
- \$ _____ 4) Aid to Dependent Children
- \$ _____ 5) Public Assistance (Budget sheet, ID card)
- \$ _____ 6) Food Stamps
- \$ _____ 7) Other (Please Explain)

\$ _____ TOTAL MONTHLY INCOME

\$ _____ TOTAL ANNUAL INCOME (HOUSEHOLD)

Do you share expenses with anyone else in your household? _____ Total Number in household: _____

Is someone else required to pay a portion of your child's child care fees? No Yes. Percentage required: _____

How much can you afford to pay each **week**? \$ _____

Reason applying for the YMCA Scholarship Program? _____

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false, incomplete, or inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the YMCA Scholarship Program.

Signature of Applicant _____

Date _____

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