WELCOME TO ALL

Scholarship Application

THE ESSENCE OF THE Y
With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA of Kingston and Ulster County ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME
The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Scholarship Program, the YMCA of Kingston and Ulster County assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY
Determining assistance amounts is handled by YMCA in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. YMCA members can feel confident knowing that they are a 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.

*A Scholarship reduces membership fees; it does not eliminate them.

The YMCA requires that everyone reapply every January, with updated documentation.

Determinations can take up to 6 weeks for processing.

Membership fees are subject to change when you reapply. If you do not reapply at the time requested, your membership will expire.

ymcaulster.org
### Scholarship Application

**Apply for a Scholarship in 5 easy steps!**

#### 1. APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Mailing Address</td>
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<tr>
<td>City</td>
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<tr>
<td>State</td>
</tr>
<tr>
<td>ZIP Code</td>
</tr>
<tr>
<td>Home Phone</td>
</tr>
<tr>
<td>Cell Phone</td>
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<td>Email</td>
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</tbody>
</table>

If an applicant is under 18: Parent’s or legal guardian’s name

Place a check mark ✔️ for each family member applying for assistance.

- Parent/Guardian/Adult
- Parent/Guardian/Adult
- Child
- Child
- Child
- Child
- Other dependent(s)

#### 2. ALL PERSONS LIVING IN THIS HOUSEHOLD

<table>
<thead>
<tr>
<th>Parent/Guardian/Adult DOB</th>
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<tbody>
<tr>
<td>Parent/Guardian/Adult DOB</td>
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<tr>
<td>Child DOB</td>
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<td>Child DOB</td>
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<td>Other dependent(s) Age(s)</td>
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</tbody>
</table>

#### 3. I AM APPLYING FOR

Check category for which you are applying:

- **TEEN**
  - YOUNG ADULT (ages 19-22)
  - ADULT (age 23-59)
  - SINGLE ADULT FAMILY
  - TWO ADULTS FAMILY
  - SENIOR
  - OTHER

- **CAMP**
  - SWK
  - OWLMT
  - STAR

- **BEFORE/AFTER SCHOOL**
  - Location

What is current living situation?
- Single Parent Home / Shelter / Foster/Other

Who has custody of the child(ren)?
- Joint
- Mom
- Dad
- Other
- Guardian
- I do not have custody

Are one or more of the parents incarcerated?
- Yes
- No

#### 4. TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

- **I FILED FEDERAL TAXES FOR 2020***
  - 1040 Federal Tax Form(s) for all incomes in household
  - I am an individual filing jointly; I am providing ONE 1040 form
  - We filed more than ONE tax form in our household; We are providing ___ 1040 forms.

  $ ______________________

  TOTAL ANNUAL HOUSEHOLD INCOME

  *2019 Federal Taxes no longer accepted

- **I DID NOT FILE FEDERAL TAXES YET - OR MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR**
  - Documents* showing most recent 90 days of income (including pay stubs or documentation of government assistance, child support, alimony, rent subsidy, food stamps, workers comp, disability, pension, other.

  $ ____________________  x 12  =

  30 DAYS INCOME         MONTHS

  $ ____________________

  TOTAL ANNUAL HOUSEHOLD INCOME

  *2019 pay stubs/documents no longer accepted

#### 5. THIS APPLICATION MUST BE RENEWED EVERY JANUARY 1, or by Program

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 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

Attach all applicable financial documents and turn in to the YMCA Member Services Desk.

#### 6. TELL US MORE... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

I want/need a YMCA Scholarship because: