SARATOGA REGIONAL YMCA'S SCHOLARSHIP APPLICATION

PLEASE FILL OUT FRONT & BACK OF THIS APPLICATION AND RETURN TO THE SRYMCA

Branch applying for: All Branches___ Malta_____ Corinth___ Battenkill___

Please fill out the following information and attach the necessary documents (photocopies only) and return to the Saratoga Regional YMCA. Completed applications and documents can be mailed to: Saratoga Regional YMCA, Attn: Scholarship Program Director, 290 West Ave, Saratoga Springs, NY 12866. Please print clearly and complete front and back pages.

HEAD OF HOUSEHOLD INFORMATION:

Last Name First Name Middle Initial Driver's License Number

Street Address Employer

City State Zip Work Phone

Home Phone Age of Person Listed Above Occupation How Long

TOTAL NUMBER OF PERSONS RESIDING IN HOUSEHOLD:

A. Total Number of Children _____
B. Total Number of Adults _____
C. Total Persons in Household _____ (A + B)

MARITAL STATUS OF PRIMARY ADULT:

___ Single ___ Married (living w/spouse) ___ Married (spouse absent)
___ Divorced ___ Legally Separated ___ Widowed

SPOUSE OR CONTRIBUTING ADULT:

Name _____ Age _____

Living in the same household __ Yes __ No Occupation _____

Name of Employer _____

Child(s) Name(s)	Age	School	Birth Date

OTHER INDIVIDUALS LIVING IN THE SAME HOUSEHOLD (ROOMMATES, RELATIVES)

Name _____ Age _____ Relationship _____

ARE YOU A CURRENT MEMBER OF THE SARATOGA REGIONAL YMCA? _____

APPLICATION FOR SCHOLARSHIP PROGRAM IS FOR: _____

(Names of Family Members)

**Please remember to fill out the back of this application as well, before mailing/handing it in.*

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☐ Membership ☐ Program (List _____) ☐ Child Care* ☐ Other (Please List)_____

* If application is for child care or camp program, you must first contact Department of Social Services Child Care Assistance to determine eligibility. Please contact Saratoga County DSS Child Care at 884-4283 or 4280.

MONTHLY ITEMIZED INCOME

Wages, salaries & tips	$ _____
Unemployment compensation	$ _____
Social Security Benefits	$ _____
Child Support/Foster Care Income	$ _____
State Subsidized Funding	$ _____
Disability	$ _____
Retirement/Pensions	$ _____
Alimony	$ _____
Other: _____	$ _____
TOTAL MONTHLY INCOME	$ _____

Proof of income must be furnished. If you are a full-time student, please attach proof of enrollment. The Scholarship application cannot be processed without proof of income.

WHAT SHOULD WE KNOW ABOUT YOUR CIRCUMSTANCES AS WE CONSIDER YOUR REQUEST? _____

_____

_____

MAY THE SCHOLARSHIP DEPARTMENT CONTACT YOU ON HOW YOUR SCHOLARSHIP HAS MADE A DIFFERENCE IN YOUR LIFE? YES NO

Are you or any family members listed on this membership registered as a Sex Offender at any level in any State? _____

I hereby declare that the information provided is accurate and agree to supply additional information if requested. I understand that falsification of information submitted will result in discontinuation of services provided and could require repayment of full fees. I authorize the Saratoga Regional YMCA to verify the above information. I understand that Scholarship Program awards may be assessed several times a year. All information provided herein will be kept confidential.

_____

Signature of Applicant Date