



YMCA CAMP McCONNELL SCHOLARSHIP APPLICATION

PLEASE CHECK ONE: New Applicant Renewal

APPLICATION RECEIVED DATE: ____/____/____

Received by YMCA Staff: _____

Branch: _____

Our Scholarship Assistance program is approved for a maximum of ONE YEAR and includes TOTAL HOUSEHOLD INCOME. If you are approved, it is your responsibility to update your Scholarship Assistance application each year.

Required Documentation: In order to process your application, you MUST attach copies of the following items to the completed application. This application will only be processed if the application is completed and the required items are attached.

_____ A copy of the most recent tax return for everyone living in the household OR verification of non-requirement to file (Phone Number for the IRS: 1-800-829-1040)

_____ The last two paycheck stubs of everyone in the household who is working

_____ Letter from the Social Security Administration if applicable

_____ Proof of any other source of income if applicable

Applicant Information: (Please print clearly)

First Name _____ MI _____ Last Name _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____

Birth Date: ____/____/____ Gender: (circle one) Male Female

Other Adults and/or Dependents: (Those listed as dependents on tax returns.) Use additional sheet if needed.

| First Name | MI | Last Name | Age | DOB | Gender |
|------------|-------|-----------|-------|-------|--------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |



This is an application for scholarship assistance for:

PROGRAM: 1 Week Summer Overnight Camp 2 Weeks Summer Overnight Camp
 Family Camp Other _____

How much can you afford to pay? _____ (Please list weekly amount for Overnight Camp)

Total Household Income and Expenses:

Monthly Income

| | |
|----------------------------|----|
| Your gross income | \$ |
| 2nd Adult's gross income | \$ |
| Other Adults' gross income | \$ |
| Child Support Receiving | \$ |
| Aid to Dependents | \$ |
| Welfare | \$ |
| Alimony Receiving | \$ |
| Food Stamps | \$ |
| Social Security | \$ |
| Social Security Disability | \$ |
| 401K/Retirement Funds | \$ |
| Annuity/Investment Income | \$ |
| Other | \$ |
| Total | \$ |

Monthly Expenses

| | |
|-------------------------|----|
| Rent/Mortgage | \$ |
| Utilities | \$ |
| Telephone | \$ |
| Vehicle Payment | \$ |
| Vehicle Insurance | \$ |
| Medical/Dental Expenses | \$ |
| Tuition/College Loans | \$ |
| Alimony Paying | \$ |
| Child Support Paying | \$ |
| Childcare | \$ |
| Other | \$ |
| Other | \$ |
| Other | \$ |
| Total | \$ |

Please list any special circumstances for us to consider. _____

Have you completed the entire Scholarship Assistance Application and attached the required documentation?

_____ **Yes** _____ **No**

Your application cannot be processed without documentation. Please see the front of the application for the types of acceptable documentation. Please allow 7 to 10 business days for this application to be processed.

I certify that all information provided is true and complete to the best of my knowledge. I understand that false information will disqualify me from participating in this organization. I understand that the decision to grant a fee reduction or scholarship is at the sole discretion of the YMCA if funds are available. I understand that I must renew my scholarship assistance application at least annually. This is not a guarantee that I will continue to receive a reduction of fees. I understand that it is my responsibility to notify the YMCA of any changes in my personal information including change of address, phone number or changes in my financial situation.

Signature: _____ Date: _____



What are your goals for your child attending camp?

Please describe your child and their home life and neighborhood environment:

Please describe your child's positive characteristics, especially those that reflect the YMCA core values of Honesty, Respect, Responsibility and Caring:

Any other pertinent information you feel we should know:

Camp Office Use Only

New Applicant

Renewal

Scholarship Assistance Approved: Yes No **Income & Household Verified:** Yes No

What Program? _____

Program: \$ _____ **Subsidized by YMCA:** _____ % **Amount Subsidized:** \$ _____

Paid by Applicant: _____ % **Amount Paid:** \$ _____

Date begins: _____ **Date ends:** _____

YMCA Staff Signature: _____ **Date:** _____

Date entered into DAXKO: _____

Date Called: _____

Notes:
