



FRANKLIN COUNTY'S YMCA COMMUNITY SCHOLARSHIP APPLICATION

Franklin County's YMCA will not deny participation to any of our activities because of an individual's lack of funds. Our Community Scholarship is granted based on income and need. Please complete both sides of this application. Applicants age 15 and older are required to pay a non-refundable filing fee of \$10 per application. Applications will be processed and approved or denied within 10 business days. You will be contacted in writing by the YMCA with your award amount. All information is kept confidential.

Please bring in the signed completed application along with all necessary documentation and \$10 non-refundable filing fee.

APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Address: _____ City: _____

State & Zip Code: _____ Phone: _____

E-mail: _____ New Member Returning Renewal

Did you or any household member file a federal tax return this year? YES NO

How many adults live in the house? _____ How many children? _____

SPOUSE / PARTNER INFORMATION

Name: _____ Date of Birth: _____

E-mail: _____ Phone: _____

CHILDREN INFORMATION

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

PROOF OF HOUSEHOLD INCOME*

Please indicate the total amount of current household income for all sources including wages from all adults (18 and over), salary, tips, Social Security, public assistance, child support, alimony, unemployment, interest, rental income, Foster Care income, etc. Attach all copies of documents. **List source(s) of GROSS income and indicate if amount is weekly, bi-weekly, or monthly.**

Source: _____ \$ _____ per _____

Source: _____ \$ _____ per _____

Source: _____ \$ _____ per _____

Source: _____ \$ _____ per _____

Total MONTHLY household income \$ _____

*gross income not net.



Continue on back

Are there adult household members (18+) that **DO NOT** provide income to your household? YES NO
If yes, please list name(s) and have them sign below:

Name: _____

Signature: _____

Name: _____

Signature: _____

Name: _____

Signature: _____

I agree to notify the YMCA if there are changes in this information which might affect my scholarship.

I AM APPLYING FOR: please check one of the following

- | | | |
|---|--|--|
| <input type="checkbox"/> Youth (12 & under) | <input type="checkbox"/> Teen (13-18) | <input type="checkbox"/> Young Adult (19-24) |
| <input type="checkbox"/> Adult (25-64) | <input type="checkbox"/> Senior (65+) | <input type="checkbox"/> Adult Couple (25+) |
| <input type="checkbox"/> Family (1 adult & dependents up to age 19) | <input type="checkbox"/> Family (2 adults & dependents up to age 19) | |

YMCA Community Scholarship Fund is only applicable for a maximum of two adults.
Additional adults living in the household will be subject to an additional fee (\$15-\$20 a month extra).

SPECIAL CIRCUMSTANCES

Please list your bills and any other circumstances that contribute towards your request for our Community Scholarship. (Ex: medical bills, car loans, student loans, alimony, etc.)

APPLICATION CHECKLIST

- Proof of income for the past 30 days (pay stubs, unemployment, welfare documentation, SSI, SSD, retirement, pension, foster care income, etc.)
- Most recent IRS 1040 (not W-2) or Schedule C, Profit & Loss, if self-employed.
- \$10 filing fee.
- Signed application filled out completely.

I hereby certify that the information supplied on this application is true, accurate and complete to the best of my knowledge and that there is no misrepresentation by omission. If it comes to light that the information supplied was inaccurate, I understand my assistance will be canceled for a 12 month period. I agree to notify the YMCA in writing of any change in information supplied herein which might affect my eligibility for support. I further understand that this application does not constitute acceptance by the YMCA and that I will be notified as to whether my application for assistance has been approved.

Signature _____

Date _____

RETURN THIS COMPLETED APPLICATION, ALL DOCUMENTS, & \$10 FILING FEE TO:

Kaytlin Skiathitis, Membership Dept.
451 Main Street, Greenfield MA 01301
membership@your-y.org | 413 773 3646 x419

FOR OFFICE USE ONLY

Date _____ Staff Initial _____ Transaction # _____ % Awarded _____

Funds for the YMCA Community Scholarship have been made available through the generous contributions of supporters through the Y's Annual Campaign, Kids-to-Camp Golf Tournament, and the United Way of Franklin County. Assistance for some programs, classes and camps may be limited.