



YMCA IN GREENFIELD SUMMER DAY CAMP COMMUNITY SCHOLARSHIP APPLICATION

Your Y aims to make summer day camps affordable for all children. Our Community Scholarship is granted based on income and need. Please complete both sides of this application. You will be contacted in writing by the YMCA in Greenfield with your award amount. All information is kept confidential.

Please bring in the signed completed application along with all necessary documentation to the Welcome Center.

PARENT/ GUARDIAN INFORMATION

Name: _____ Date of Birth: _____

Address: _____ City: _____

State & Zip Code: _____ Phone: _____

E-mail: _____ Are you a current Member? _____

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*

YMCA Summer Day Camps

*YMCA Community Scholarship is available only for current YMCA Members. Non Members and Program Associates may not apply for aid.

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.
- 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 TO:

Kaytlin Skiathitis, Membership Dept.
451 Main Street, Greenfield MA 01301
kskiathitis@your-y.org | 413 773 3646 x415

FOR OFFICE USE ONLY

Date _____ Staff Initial _____ % 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.