

OPEN DOORS



ANNUAL CAMPAIGN

Norwich Family YMCA

Application for

YMCA SCHOLARSHIP PROGRAM



NORWICH FAMILY YMCA
68-70 North Broad Street
Norwich, NY 13815
607-336-9622
www.norwichymca.com



The Norwich Family YMCA is proud to offer its Open Doors Scholarship Program which strives to carry out the YMCA mission by reaching out to serve people in need in our community. Each year the YMCA awards thousands of dollars in financial assistance to many deserving youth, teens, adult, seniors and families. Through the Open Doors Scholarship Program those who might not otherwise be able to afford YMCA programs and/or membership are able to participate.

Scholarship Assistance Policy

Within the available resources of the association, the Norwich Family YMCA will provide services to any youth, senior, adult or family who desires to be a member, or participate in programs, of the YMCA. All YMCA members and program participants receive the same benefits regardless of their ability to pay the prescribed membership and/or program fee.

Eligibility

1. Assistance will be granted on the basis of financial need resulting from low income, emergency expenses, or other circumstances which inhibit an individual's ability to pay the prescribed fee.
2. The YMCA believes a strong sense of ownership and pride is developed when the financial assistance recipient contributes to the cost of the YMCA membership or program.
3. Financial assistance is granted for programs and membership annually. Those receiving assistance must reapply on an annual basis.
4. Financial assistance is based on household income and need.

Application Instructions

1. Applications are available at the Norwich Family YMCA front desk. If you have specific questions, call the YMCA Executive Director at 607-336-9622.
2. **All applications must be completed in full and submitted with a copy of last year's Federal Income Tax Return Form 1040 and one item from the following list.** (If a Tax Return Form 1040 is not applicable, two additional forms of verification from the following list are required.)

<input type="checkbox"/> Alimony	<input type="checkbox"/> Rent Assistance
<input type="checkbox"/> Child Support	<input type="checkbox"/> Retirement
<input type="checkbox"/> Disability	<input type="checkbox"/> SSI
<input type="checkbox"/> Food stamps	<input type="checkbox"/> Unemployment documentation
<input type="checkbox"/> Pay stub	
3. All applicants must also complete the necessary YMCA membership and/or program enrollment forms.
4. Return this application form with supporting documents to the YMCA Executive Director, Norwich Family YMCA, 68-70 N. Broad St., Norwich, NY 13815.

Assistance is Available for:

- Youth, Adult, Senior or Family Memberships
- Child Care (afterschool, nursery school, babysitting)
- Day Camp or Teen Camp
- Youth Sports or Fitness Programs
- Special Events

Selection Process

- Financial assistance eligibility is ultimately left to the discretion of the YMCA Executive Director who must approve all scholarships.
- Financial assistance is determined following a thorough review of the application.
- All information is kept in confidence, and is reviewed solely by the Executive Director and processed through the Finance Office.
- Once the scholarship is processed, the discounted price will be available to the Professional Director responsible for the given program and front desk staff who handle program registration.
- The YMCA is able to grant financial assistance only to the extent that the funds are available.
- The YMCA reserves the right to refuse assistance to any applicant.
- Please allow two (2) weeks for the processing of your application after which you will be notified with a decision letter.

YMCA Scholarship Program Serves:

- Youth referred by schools, churches and community-based organizations
- Families of adults who are temporarily out of work
- Families who are having difficulty "making ends meet"
- Individuals who may have encountered severe medical expenses
- Those who need our help





Application for Scholarship Assistance

Please read Application Instructions carefully, then fill out the following information, attach the necessary documents (photocopies only), and return the entire completed application to the Executive Director of the Norwich Family YMCA, 68-70 North Broad Street, Norwich, New York 13815.

PLEASE PRINT ALL INFORMATION

Date of Application _____

A. Household Information: The following information should be completed by parents or guardians.

Name _____ Home Phone _____
 Address _____ Work Phone _____
 _____ Place of Employment _____
 City/State _____ Length of Employment _____
 Zip Code _____ Date of Birth _____

B. LIST ALL PERSONS LIVING IN THE HOUSEHOLD

NAME	BIRTH DATE	SCHOOL/EMPLOYER	MEMBERSHIP/PROGRAM	AMOUNT
			REQUEST	ABLE TO PAY

C. Please complete the areas below for which you are requesting assistance. If applying for more than one area, please prioritize by number (1-5) in white boxes provided.

MEMBERSHIP	PROGRAM	EARLY CHILDHOOD EDUCATION	SCHOOL AGE CHILD CARE	YMCA CAMP
Please select one: <input type="checkbox"/> Youth (12 and under) <input type="checkbox"/> Teen (13-18 years) <input type="checkbox"/> College (full-time) <input type="checkbox"/> Adult <input type="checkbox"/> Senior Adult (62+) <input type="checkbox"/> Family <input type="checkbox"/> Single-Parent Family	Please select: <input type="checkbox"/> Adult Sports <input type="checkbox"/> Youth Programs <input type="checkbox"/> Youth Sports <input type="checkbox"/> Group Exercise <input type="checkbox"/> Personal Training <input type="checkbox"/> Swim Lessons <input type="checkbox"/> Other _____	Please choose: <input type="checkbox"/> Child watch (6 wks-8 yrs) <input type="checkbox"/> Nursery (3-4 yrs) <input type="checkbox"/> Preschool (4-5 yrs) <input type="checkbox"/> Summer Kids Club (3-6 yrs) <input type="checkbox"/> Other _____	Please choose: <input type="checkbox"/> Before School Only <input type="checkbox"/> After School Only <input type="checkbox"/> Before & After School <input type="checkbox"/> Fun Club Number of Children _____ Location: _____	Please choose: <input type="checkbox"/> Day Camp (5-11 yrs) <input type="checkbox"/> Teen Camp (12-15 yrs) <input type="checkbox"/> Adventure Camp (12+ yrs) (Off-site excursions)



Application for Scholarship Assistance (continued)

D. Have you ever applied for scholarship assistance at the YMCA? YES NO

If yes, which YMCA? _____

Are you willing to participate in volunteer programs? YES NO

If yes, what is your area of interest? _____

What volunteer services can you provide to the YMCA? _____

What benefits do you see in having this scholarship to join the YMCA as a member or participant? _____

E. Gross Monthly Family Income

INCOME SOURCE	ADULT 1	ADULT 2	OTHER
Wages, Salaries, Tips			
Unemployment Compensation			
Social Security Compensation			
Child Support			
Aid to Dependent Children			
401K/Retirement			
Alimony			
Other			
TOTAL MONTHLY INCOME			

Monthly Family Expenses

EXPENSES	ADULT 1	ADULT 2	OTHER
Rent/Mortgage			
Utilities			
Food			
Clothing			
Phone			
Car/Insurance			
Alimony			
Child Support			
Medical			
Child Care			
Other			
TOTAL MONTHLY EXPENSES			

Please list any extenuating circumstances or expenses that the YMCA should consider before processing this application.

F. Signature:

I realize that the YMCA's financial assistance resources are limited, and if I am eligible for YMCA assistance, I am expected to seek additional funding from other sources such as the Department of Social Services. I also certify that the above information is true and complete to the best of my knowledge.

Signature of Applicant _____

Date _____

TO BE COMPLETED BY YMCA STAFF			
Date Received _____	Date Processed _____	Staff _____	Percentage Awarded _____