FOR OFFICE USE ONLY

Date Rec'd _____

Staff Initial _____

UID # _____

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. 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 for processing.

I AM APPLYING FOR: please check all that apply

- ❑ Youth (12 & under)
- ❑ Teen (13-18)
- ❑ Young Adult (19-24)
- ❑ Family (1 adult & dependents up to age 21)
- ❑ Adult (25-64)
- ❑ Senior (65+)
- ❑ Adult Couple
- ❑ Family (2 adults & dependents up to age 21)
- ❑ Y Academy (preschool)
- ❑ School Age Childcare
- ❑ Summer Camp
- ❑ Tumbling Tigers Gymnastics Team / Preteam

YMCA Community Scholarship is only applicable for a maximum of two adults. Additional adults living in the household will be subject to an additional $20 monthly fee.

APPLICANT INFORMATION

Primary Adult: _____ Date of Birth: _____

Address: _____ City: _____

State & Zip Code: _____ Phone: _____

E-mail: _____ ❑ New Member ❑ Returning ❑ Renewal

Additional Adult: _____ Date of Birth: _____

E-mail: _____ Phone: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

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

APPLICATION CHECKLIST: required income documentation

❑ Proof of income for the past 30 days
- Consecutive Pay Stubs for each wage earner **OR** a letter of employment specifying gross salary, signed and dated by employer on company letterhead;
- Unemployment Statement, Retirement/Pension Statement, Social Security Administration Letter, TANF (TAFDC) Statement (including SNAP benefit statement), Foster Care Subsidiary Letter, Child Support, Alimony
- Any other additional income

❑ 1040 Federal Tax Return (no W2) **OR** Non-Filing Form **OR** Schedule C, Profit & Loss, if self-employed.

❑ Signed application filled out completely.

For further questions on required documentation, please contact Wanda Pyfrom at wpyfrom@your-y.org or 413-773-3646 ext 434

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PROOF OF HOUSEHOLD INCOME*

Please indicate the total amount of **current household income** for **all** sources including wages from **all** adults (18 and over): Consecutive Pay Stubs for each wage earner **OR** a letter of employment specifying gross salary, signed and dated by employer on company letterhead; Unemployment Statement; Retirement/Pension Statement; Social Security Administration Letter; TANF (TAFDC) Statement (including SNAP benefit statement); Foster Care Subsidiary Letter; Child Support; Alimony; Any other additional income. Attach copies of all supporting documents or award letters. **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

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.

RETURN THIS COMPLETED APPLICATION & ALL DOCUMENTS TO:
Wanda Pyfrom, Membership Dept.
451 Main Street, Greenfield MA 01301
wpyfrom@your-y.org | 413 773 3646 x434

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

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.