










The Wyckoff Family YMCA Scholarship Application

In an effort to fulfill the mission of the Wyckoff Family YMCA, there is a scholarship fund established to provide financial assistance to families in our programs. It is our goal to assist as many families as possible; therefore, the resources in the fund are allocated throughout all of the services provided by the Wyckoff Family YMCA.

It is the mission of the YMCA to provide services for any person or family who desires to participate in the YMCA, regardless of the ability to pay the standard membership or program fee. Every year the YMCA raises money to help scholarship youth and families through our Annual Appeals Campaign. Those not able to pay the full fee may be awarded assistance based on their demonstrated inability to pay. The YMCA reserves the right to refuse assistance to any applicant.

To be eligible for a scholarship, applicants must work or reside in the Wyckoff Family YMCA's service area and meet the household/yearly income requirements. The YMCA believes a strong sense of ownership and pride is developed if the recipient contributes to the cost of their YMCA involvement; therefore, applicants will be asked to pay some portion of the fees. Scholarships are awarded for a one-year period. Applicants will be notified once the application for scholarship has been reviewed.

Please submit the following for evaluation by the Scholarship Committee:

-  The attached application completed.
-  Most recent Tax Return (1040 and W-2).
-  The last two paystubs or last two unemployment stubs.
-  Current lease or property tax bill.
-  Copy of utility bill from previous month (phone, gas, electric)
-  Child support documentation.
-  Documentation that you/your family are a recipient of any of the following: food stamps, WIC, SSI, Disability, rent assistance etc.

PLEASE NOTE:

We must receive ALL of the above information.

The Scholarship Committee will not process incomplete applications. This application will be processed for the program(s) for which you are requesting assistance. You may be required to send further information or documentation in verifying the accuracy of your application.

Upon receipt of all the above information, the Scholarship Committee will review your application. Please allow approximately 2 weeks for application to be evaluated. The information you submit will be kept confidential and by submitting the scholarship assessment form, you are authorizing the Wyckoff Family YMCA to verify all of the information contained therein. Regular fees will be in effect until you receive such notice.

Sincerely,
The Wyckoff Family Scholarship Committee



**Wyckoff Family YMCA
Scholarship Assessment Form**

Date: _____

Date received at Y: _____
(Y representative signature)

Applicant/Mother or Legal Guardian

Co-Applicant/Father or Legal Guardian

Name: _____ Name: _____

Date of Birth: _____ Date of Birth: _____

Address: _____ Address: _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell #: _____ Cell #: _____

<p>I am applying for financial assistance in the following areas:</p> <p>____ Daycare (Infant-4yr) ____ School Age Care (K-8th grade) ____ Camp Wydaca</p> <p>Membership: (check one) Individual ____ Family ____ Senior Individual ____ Senior Couple ____</p> <p>Teen ____ Young Adult(ages17-23) ____ Youth(ages6-12) ____ Youth(ages13-16) ____</p> <p>____ Program Class: (please indicate which class) _____</p>

List family members noted as dependents for tax purposes:

Name: _____ Date of Birth _____ Relationship: _____

Name: _____ Date of Birth _____ Relationship: _____

Name: _____ Date of Birth _____ Relationship: _____

Name: _____ Date of Birth _____ Relationship: _____

Additional comments:

I. Household information

- A. How many adults reside in the household? _____
- B. How many children in household? _____
- D. Do you own your own home/condominium? _____
 - 1. If yes, please answer the following questions:
 - a. What is the address? _____
 - b. What is the monthly mortgage payment? _____
 (Please attach a copy of most recent mortgage statement)
- E. If you rent, please answer the following questions:
 - a. How much rent do you pay each month? _____

Monthly Income/Expense Worksheet – Applications will be processed after all the information is submitted and the application is filled out completely. Applicants may be asked to provide documentation to verify their expenses.

Income: (Monthly)

\$ _____ Gross Monthly Income
 \$ _____ Other Adult's Gross Monthly Income
 \$ _____ Child Support \$ ____
 \$ _____ Alimony \$ ____
 \$ _____ Social Security \$ ____
 \$ _____ Disability \$ ____
 \$ _____ Welfare (submit a copy of card)
 \$ _____ Food Stamps \$ ____
 \$ _____ Rent Assistance \$ ____
 \$ _____ Fuel Assistance \$ ____
 \$ _____ Unemployment Benefits \$ ____
 \$ _____ Workmen's Comp Benefits
 \$ _____ Other \$ ____

\$ _____ Total Monthly Income \$ ____

Expenses: (Monthly)

\$ _____ Rent/Mortgage Payment
 \$ _____ Auto Insurance
 _____ Utilities (gas, electric)
 _____ Water/Sewer charges
 _____ Cable
 _____ Phone Charges
 \$ _____ Child Support you pay
 _____ Medical/Dental
 _____ Child Care
 _____ Food
 _____ Loan #1
 \$ _____ Loan #2
 _____ Other (please explain)

_____ Total Expenses

Explain Other: _____

Are there any extraordinary circumstances that should be taken into consideration when reviewing this application?

Please tell us anything else about your income and or circumstances that you feel would be pertinent to your situation.

By signing this form the applicant hereby gives the Wyckoff Family YMCA, the authority to verify all of the information contained herein.

Signature _____ Date _____
Applicant

Signature _____ Date _____
Co-Applicant

Please return the application and all the supporting documentation to:

The Wyckoff Family YMCA
P.O. Box 691
203 Wyckoff Avenue
Wyckoff, NJ 07481
Attention: Scholarship Department

For office use only
Date Application Reviewed _____ Date of Award _____
Percent Awarded _____ Annual Income _____
Staff Representative _____