



Summer Camp Scholarship Application

SCHOLARSHIP APPLICATION

Purpose:

It is the mission of the Concord YMCA to provide services for any child, adult, or senior who wants to participate, regardless of their ability to pay the full fee for membership or programs. Those not able to pay the full fee may be awarded a scholarship based on their financial need and or other extraordinary circumstances.

Concord Family YMCA

FINANCIAL ASSISTANCE INFORMATION FORM

***Please provide 2-4 weeks' pay stub/ proof of or lack of income (Most Current)**

***By applying for this scholarship and providing ALL the required information, your mandatory deposit fee for each week of summer camp that your camper is attending camp can be adjusted or waived.**

PERSONAL:

Name: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Phone (home): (_____) _____ (Work): (_____) _____

Prior YMCA Membership: _____

Spouse: _____

Dependent Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

EMPLOYMENT:

Are you currently employed: _____

Employer: _____

Address: _____

Occupation: _____

Length of time with employer: _____

Spouse's employment: _____

STUDENT:

Are you presently enrolled in school? _____

Full time? _____ Part Time? _____ Receiving Financial Aid? _____

INCOME: Monthly gross \$ _____ Spouse's monthly gross \$ _____

If you receive state or federal aid, food stamps, medical aid, etc.... please list:

Other income (child or spousal support, etc.)

Please state your reason for seeking assistance:

What type of membership are you interested in? Please check one of the following:

- Adult
- One Parent with Child
- Family
- Senior – 65 & older
- Senior Couple
- Young adult – 18-21 years/college student
- Junior – 14-17 years
- Youth – up to 13 years

If applying for a program scholarship please indicate which program(s)? _____

Childcare, Kydstop, & Camp Scholarships are processed by the department heads.

What can you afford to pay monthly towards your membership? \$ _____

What can you afford to pay monthly for classes/programs? _____

Sports \$____, Aquatics \$____, Childcare \$____, Camp \$____, Kydstop \$____, Fitness \$____

Would you be willing to volunteer your services? _____

If yes, what time of day works for you? ___Morning, ___Afternoon___Evenings___Weekends

If so, in what areas of interest would you volunteer? _____

The information I have provided on this form is correct and I agree to provide additional documentation to verify financial need if requested.

Applicant's Signature _____ Date _____