

### 1 APPLICANT INFORMATION

BRANCH (CHECK ONE):

- East Hampton  
  Family Services  
  Glen Cove  
  Great South Bay  
  Huntington  
  Patchogue/ Brookhaven

Name

Street Address

City

State

Zip Code

Home Phone (   )

Cell Phone (   )

Email

DOB:

If applicant is under 18: Parent or Legal Guardian Name:

### 3 I AM APPLYING FOR:

MEMBERSHIP

Check the category for which you are applying

- YOUTH  
 STUDENT (14-22)  
 ADULT (18-61) INDIVIDUAL  
 ONE ADULT + CHILD(REN)\*  
 TWO ADULTS + CHILD(REN)\*  
 TWO ADULTS (COUPLE)  
 SENIOR INDIVIDUAL  
 SENIOR COUPLE (62 AND OVER)

PROGRAM

- SWIM  
 SPORTS  
 DANCE  
 YOUTH MOVEMENT  
 CHILD CARE: (Please Specify)

CAMP: (Please Specify)

For child care and day camp applicants only.  
What other options of Child Care are available to you?

Who has custody of the child(ren)?

- Joint  
  Mom  
  Dad  
  Foster  
 Guardian  
  I do not have custody

Do you receive child support?

- No  
  Yes. If Yes: \$ \_\_\_\_\_ per month

Parent/Guardian # 1

- At Home  
  Working  
  In School

Parent/Guardian # 2

- At Home  
  Working  
  In School

### 2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark  for each family member applying for assistance

- |  |        |
|--|--------|
| <input type="checkbox"/> Parent/ Guardian/ Adult | DOB    |
| <input type="checkbox"/> Parent/ Guardian/ Adult | DOB    |
| <input type="checkbox"/> Child                   | DOB    |
| <input type="checkbox"/> Child                   | DOB    |
| <input type="checkbox"/> Child                   | DOB    |
| <input type="checkbox"/> Child                   | DOB    |
| <input type="checkbox"/> Child                   | DOB    |
| <input type="checkbox"/> Other dependent(s)      | Age(s) |

### 4 PROVIDE THE FOLLOWING DOCUMENTS & INFO:

#### A. DID YOU FILE FEDERAL TAXES FOR LAST YEAR?

**YES, I will supply the following. (if NO, skip to next question.)**

- 1040 Federal Tax Form(s) for all incomes in household  
 I am an individual filing jointly; I am providing ONE 1040 form  
 We filed MORE THAN ONE tax form in our household;  
 We are providing \_\_\_ 1040 forms.

TOTAL ANNUAL INCOME: \$ \_\_\_\_\_

**NO, I DID NOT FILE FEDERAL TAXES for last year. Please supply:**

- Documents showing the most recent 90 days of income.  
 Include paystubs, or documentation of government assistance.

**B. SUPPLY SUPPORTING DOCUMENTS FOR ALL OF THE FOLLOWING THAT APPLY.** Mark "N/A" if not applicable to you.

- Government Assistance (i.e. DSS, Social Security, etc.)  
 Mortgage Statement/ Rental Agreement  
 Insurance Assistance (i.e. Disability, Medicare/Medicaid)  
 Other income (i.e. Child Support; other benefits)

**C. COMPLETE THE INCOME/EXPENSE WORKSHEET (next page).**

Copy totals from the work sheet:

TOTAL MONTHLY INCOME \$ \_\_\_\_\_

TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_

**D. TELL US MORE.** Attach a letter stating your need, providing any additional information that may be relevant, and/or explaining any extenuating circumstance that were not included on this application. 1000 words max.

### 5 SIGNATURE

Scholarships must be used for the program and program year for which it was awarded. Renewal is required at the end of every award period. I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## INCOME/EXPENSE WORKSHEET

Supplement to Scholarship Application Form

### MONTHLY INCOME/EXPENSE WORKSHEET

#### MONTHLY INCOME

Gross Monthly Wages(before taxes)	\$
Spouse's Monthly Wages(before taxes)	\$
Business Income/ Capital Gain	\$
Unemployment Compensation	\$
Aid for Dependent Children	\$
Social Security	\$
Food Stamps	\$
DSS/ Public Assistance	\$
Disability Insurance	\$
Pension/ Retirement Funds/ Annuities	\$
Other (please explain)	\$
Other (please explain)	\$

#### MONTHLY EXPENSES

Mortgage/Rent	\$
Fuel	\$
Car/Insurance	\$
Groceries	\$
Utilities	\$
Phone/ Cellular	\$
Child Support/ Alimony	\$
Medical Bills	\$
Cable/Internet/ TV	\$
Student Loan/ Tuition/ Credit Card	\$
Child Care	\$
Other (please explain)	\$

#### FOR OFFICE USE

APPROVED:  YES  NO

YMCA \_\_\_\_\_%

JOIN TODAY FOR \$

STAFF NAME: \_\_\_\_\_

DATE \_\_\_\_\_

AWARD LETTER VALID FOR 30 DAYS. Payment plans are available. YMCA STAFF.

\* Children can be on a family membership up to age 18, and up to 22 if they are a full-time student.  
The YMCA of Long Island, Inc. reserves the right to request additional information at its discretion.