



YMCA CAMP SHAVER SCHOLARSHIP APPLICATION

Attention Scholarship Applicants:

Financial assistance is provided through scholarship funds that are raised in our yearly "Step up for kids" campaign. YMCA Camp Shaver welcomes the opportunity to consider you or your family for our scholarship program.

Program	Due date	Duration
Summer Resident Camp	May 15 th 2010	2010 summer season only.

THE FOLLOWING DOCUMENTATION MUST BE INCLUDED WITH THE SCHOLARSHIP APPLICATION FOR CONSIDERATION OR IT WILL BE RETURNED TO THE APPLICANT FOR COMPLETION.

Mandatory Supporting Documentation:

____ Two most recent pay stubs or a statement from the employer(s) with average monthly gross income for the household. If you or anyone in your household is self-employed, statements from clients or business receipts will be acceptable.

____ Verification of child support, either a statement from the supporting parent or a court document

____ Verification of household expenses which include Mortgage or rent, current utility bills etc.

____ Copy of previous year Income Tax Return.

____ 50-100 word explanation of why you need financial assistance so that we may have clarification of your situation. (Please use a separate piece of paper.)

____ Award letters (must be provided for the following sources of income: OASDI, SSI, Social Security, VA benefits, retirement/pensions, Unemployment Compensation, Worker's Compensation, student loans/grants, royalties, public assistance, food stamps, or Tribal Monies).

The approval process may take up to three weeks. Therefore, we encourage you to return your application and documentation to our office as soon as possible. If you have any questions please feel free to call us at (505) 480-7417.

YMCA Camp Shaver looks forward to serving your family this year and years to come.

Date Received _____ Staff signature _____

YMCA of Central New Mexico
Confidential Financial Aid Form
Branch _____

This form is to help the YMCA ascertain whether or not an individual or a family is eligible for reduced program fee. However, there is no guarantee that filling out this form will result in reduced fees.

Name (Last, First, Middle Initial) Date of Birth

Address (Street/City/State/Zip Code) Home Phone

List all other household members:

Name & Relationship	Age	Full Time College Student?	Employed?

Have you received Financial Aid from the YMCA in the past? No if Yes, please explain: _____

This is a request for reduced:

Membership Fees _____ What Type of Membership _____

What Programs _____ Program Fees _____

No application will be processed without proper verification of all information provided by the applicant. Acceptable forms of verification are listed in each area.

Household Income Information

Income - Two most recent pay stubs or a statement from employer with average monthly **Gross Income**. If you or anyone in household is self-employed statements from clients or business receipts will be acceptable. Award letters must be provided for the following sources of income: OASDI, SSI, Retirement Benefits, Tribal Monies and Student Loans, Grants and AFDC

Child Support can be verified with a statement from the paying parent or a copy of a divorce decree.

Application will not be processed if all Household income is not clearly stated in the below section

Wages(attach check stubs) _____	AFDC _____
SSI _____	TRIBAL MONIES _____
CHILD SUPPORT _____	UNEMPLOYMENT COMPENSATION _____
RENTAL INCOME _____	SELF EMPLOYMENT _____
RETIREMENT BENEFITS _____	OTHER _____
OSDI _____	OTHER _____

If "Yes" to any of the above, please show amounts **TOTAL** _____

Official Use Only

Branch Offering Assistance _____

Percent of Financial Assistance _____ **Program To Be Subsidized** _____
(Child Care, Membership, Athletics, etc.)

Dollar Amount Of Projected Assistance For Year _____

Monthly Household Expenses

Household Expenses - Mortgage coupon, rent receipt, current utility bills, and current medical bills are acceptable forms of verification for this information. Child Care expenses must be verified with receipts or statements from the child care provider.

Please list all household expenses as monthly amounts.

Mortgage _____	Utilities: Gas _____	Electric _____	Water _____
Rent _____	Child Care _____	Food _____	Other _____
Phone _____ (Basic cost only)	Recurring Monthly Medical Expenses _____ (Excluding insurance premiums)		
			TOTAL _____

ALL APPLICANTS MUST SUBMIT COPIES OF INCOME TAX RETURNS FROM THE PREVIOUS YEAR.

I certify that all the information I have provided on this application is accurate to the best of my knowledge and truthfully represents the current financial situation of my household. I also understand that all information provided by me will be kept strictly confidential.

Signature of Applicant Date

Request of Financial Assistance:

Approved By: _____

Description & Percent of Discount

Denied By: _____

Reason for Denial

Signature of Branch Executive

Date