



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## Scholarship Application

Thank you for your interest in the Meadowlands Area YMCA. Attached you will find all the information you will need to begin your application process for the Meadowlands Area YMCA Scholarship Program.

The Meadowlands Area YMCA is committed to helping people grow into strong families, and strong communities. We want to provide everyone with the opportunity to participate at the YMCA.

Complete the application section and return it with all the required supporting documentation. Once all the documentation has been received, your request will be reviewed and all documentation will be verified by our Financial Assistance Committee. No applications will be reviewed without all the supporting documentation and deposit. You will be notified of our determination by mail. The process may take up to two weeks to complete. Applications are always accepted, but are subject to the availability of funds at the time your application is reviewed. Please keep in mind that the YMCA does not give out full Scholarships.

If, at any time, you have any questions, please feel free to contact Jane Hansen at 201-955-5300, ext. 223, or via email at [jhansen@meadowlandsymca.org](mailto:jhansen@meadowlandsymca.org). She will be happy to assist you and answer any questions you may have.

Scholarship funds are limited therefore priority is given to families needing child care in order to go to work or attend school. The YMCA believes that a sense of ownership and pride is developed when a member contributes to the cost of their YMCA involvement therefore all applicants will be asked to pay a portion of the fee for the requested service. There are no full Scholarships.

### Checklist of Additional Documentation Required:

- \_\_\_ Copy of 1040 Federal Tax Return for past 2 years, including W-2 forms. If you have not filed your taxes you must get a letter from the IRS that you are a non-filer. This can be obtained by calling 1-800-829-8374 and following the prompts or on their website [www.IRS.gov](http://www.IRS.gov). Do NOT give originals of tax returns as it will not be returned.
- \_\_\_ Letter from your place of employment on company letterhead stating salary, average number of hours working per week, and how long you have been employed with this company. Letter must include name, title and phone number of the person providing the information. (Employer may be contacted and information verified.)
- \_\_\_ Copy of 3 most recent pay stubs. (Within the last 45 days, and must be just prior to when applicant signed application and must be consecutive, no skipped weeks or pay periods)
- \_\_\_ Copy of any court ordered Child Support and/or Alimony for all children in the household If not court ordered we must have a signed, notarized letter from the non-custodial parent or ex-spouse stating the amount of payment and frequency. Letter must include name, address and phone number and child's name. (Information may be verified.)
- \_\_\_ Unemployment Insurance Benefits, Social Security Benefits and/or other State/Federal aid, proof of other income.
- \_\_\_ Copy of Lease or Mortgage Statement, Housing Assistance document or notarized letter from Landlord (letter must state location of residence and monthly rent amount and include the landlord's name, address and phone number). Landlord may be contacted.
- \_\_\_ Last 2 months of checking and savings account statements.
- \_\_\_ Copies of income received from public assistance including but not limited to: Food Stamps, Housing Assistance, TANF, Welfare
- \_\_\_ Copy of utility bill from previous month i.e. phone (landline, not cell phone), gas, electric or cable.
- \_\_\_ When applying for a Scholarship for any of our Child Care Programs (i.e. After Care, Before Care, Day Care or Camp) you must apply for assistance through any of the County/State Agencies. Please see your County Agency to obtain an application. You must present the YMCA with a letter of Determination, an approval, a valid denial or receipt of application pending review. Please note that a determination of scholarship will not be made until we receive an approval or denial from the Agency. Here is a list of some of the County Agencies with their phone numbers.
  - Bergen County – Office for Children: 201-336-7150
  - Passaic County – 4C's of Passaic County: 973-684-1904
  - Hudson County – Urban League of Hudson County: 201-451-8888
- \_\_\_ If parent/guardian is a college student, copy of school transcripts showing that you are enrolled in school during the time that you are requesting a child care scholarship. A copy of your school schedule must be submitted to us and updated during the course of the year or your scholarship may be rescinded. Eligibility for scholarship changes with any change in student status. It is your responsibility to inform the Scholarship Department of any changes.

We reserve the right to ask for additional information if we see fit.

SACC Scholarship Application will not be accepted before August 1<sup>st</sup>.  
Camp Scholarship Applications will not be accepted before May 1<sup>st</sup>.



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**SCHOLARSHIP APPLICATION FORM**

**PLEASE READ CAREFULLY:**

The YMCA is committed to serving people of all ages, races, religions and economy levels. All information is kept confidential and will not be used for any other purposes. Please print clearly and complete all information on this form. All documents on cover letter must be submitted with the application in order to be considered for scholarship.

Name : \_\_\_\_\_  
 Marital Status (circle one): | Married | Single | Separated | Widowed | Partnership | Divorced How Long? \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_  
 Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Number of Adults in Household: \_\_\_\_\_ Number of Children in Household: \_\_\_\_\_ Total Family Size: \_\_\_\_\_  
 Requesting Scholarship for which program? \_\_\_\_\_

List **all** members of household:

<u>Name:</u>	<u>Relationship</u>	<u>Birth date</u>	<u>Age</u>
_____	_____	___/___/___	___
_____	_____	___/___/___	___
_____	_____	___/___/___	___
_____	_____	___/___/___	___

Family Income: Please note that all family income must be reported and must be accompanied by current documents. These include tax forms from the previous 2 years, a letter from place of employment stating salary and hours and a copy of 3 recent pay stubs must be provided in all cases. See list for additional documentation required. For all other sources of income, please enclose document that indicates what is paid annually.

<b>Name:</b>						
	<b>Social Security Number:</b>					
	Applicant or Parent/Guardian Current Income			Additional Family Member Current Income		
	Week	Month	Year	Week	Month	Year
Wages and Salary Gross:						
Pensions, Retirement, Social Security Benefits						
Unemployment, Workmen's Compensation						
Public Assistance (ie:AFDC)						
Child Support, Alimony						
Other:						
<b>Total Income:</b>						

Revised 4/11

Meadowlands Area YMCA  
 390 Murray Hill Parkway  
 East Rutherford, NJ 07073  
 (201) 955-5300; Fax (201) 955-2055 YMCAinfo.org

<b>Primary Employer/School/Training</b>	<b>APPLICANT or PARENT/GUARDIAN</b>	<b>ADDITIONAL HOUSEHOLD MEMBER</b>
Complete address (St., City, State, Zip)		
Telephone Number	(     )	(     )
Check one and enter starting date (Mo./Day/Year)	___Work ___Training ___ School Start Date: ___/___/___	___Work ___Training ___ School Start Date: ___/___/___
Check one. Enter the number of hours/weeks or number of months/year	___ Full Time    ___ #Hrs/Wk ___ Part Time    ___ #Hrs/Wk ___ Seasonal    ___ # Hrs/Wk ___ # Hrs/Yr ___	___ Full Time    ___ #Hrs/Wk ___ Part Time    ___ #Hrs/Wk ___ Seasonal    ___ # Hrs/Wk ___ # Hrs/Yr ___
<b>Secondary Employer/School/Training</b>	<b>APPLICANT or PARENT/GUARDIAN</b>	<b>ADDITIONAL HOUSEHOLD MEMBER</b>
Complete address (St., City, State, Zip)		
Telephone Number	(     )	(     )
Check one and enter starting date (Mo./Day/Year)	___Work ___Training ___ School Start Date: ___/___/___	___Work ___Training ___ School Start Date: ___/___/___
Check one. Enter the number of hours/weeks or number of months/year	___ Full Time    ___ #Hrs/Wk ___ Part Time    ___ #Hrs/Wk ___ Seasonal    ___ # Hrs/Wk ___ # Hrs/Yr ___	___ Full Time    ___ #Hrs/Wk ___ Part Time    ___ #Hrs/Wk ___ Seasonal    ___ # Hrs/Wk ___ # Hrs/Yr ___

Please state the reason(s) you are requesting scholarship assistance, (attach a written statement if more space is needed):

\_\_\_\_\_

\_\_\_\_\_

If you are not able to provide any of the documentation requested on page 1, please clearly state the reason why. \_\_\_\_\_

\_\_\_\_\_

Do the income verification documents indicate your current financial situation?    YES    NO    If not, please explain.

\_\_\_\_\_

Have you received assistance from the YMCA before?    YES    NO    If YES, when? \_\_\_\_\_

Would you be willing/able to volunteer your time to do some work for the YMCA? (8-10 hours per month)    YES    NO    YES, BUT LIMITED

In completing this application, I certify that the information supplied herein is true, accurate and complete to the best of my knowledge.

I am also aware that it is my responsibility to notify the Meadowlands Area YMCA in writing, of any changes in information supplied to this application (ie. Income, address, living arrangements, financial situation, etc.).

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date