



Join the YMCA of Greater Springfield and Shallowbrook Equestrian Center for a special horseback riding program that will allow the participant to experience all the benefits riding can bring to one's life.

The Y Ride program will incorporate the YMCA core values of caring, honesty, respect, and responsibility into the equine experience. For more information, please contact Julie Costello, Executive Director, Springfield YMCA at 739-6951, extension 181.

Scholarship Application

(Ages 6 – 19)

PART 1: APPLICANT INFO

Name of applicant: _____
First Last

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Name of Parent/Guardian: _____

Employed By: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Emergency Contact Information: _____
Name Phone Relationship

Grade in School (as of 1/2010) _____

Gender _____ Height _____ Weight _____ Shoe size _____ Pants size _____

Is your child taking any medication? _____ (please list) _____

Has your child ever ridden? If so, please explain: _____

Please send this form along with your financial information to:

YMCA of Greater Springfield

275 Chestnut Street

Springfield, MA 01104

***Applicants will also be required to complete our program scholarship financial aid application. See last page.

PART 2: SURVEY

What is your reason for applying for the YRide program scholarship? _____

List 3 skills that you would like to improve on with the help of this program. (Ex: responsibility)

- 1. _____
- 2. _____
- 3. _____

Applicant's current responsibilities/activities/community service: _____

What is it about YRide that interests you? Please check all that apply:

- Love of animals
- Competition
- Other _____
- Making new friends
- Learning something new
- Physical Activity
- Child Care

PART 3: SHORT ESSAY

Scholarships are based on financial need as well as potential for personal growth and development through the use of our unique program. *On an attached sheet of paper, describe why you have chosen the Y Ride program specifically and what benefits you expect to come out of this experience.*

Waiver of Liability: I hereby release myself, and my family members, our heirs, executors, and administrators, and forever discharge the YMCA of Greater Springfield, Springfield Branch, and Shallowbrook Equestrian Center its agents, servants, representatives, and employees for any injuries, loss, liability, damage or costs which I or my family members may receive/incur as a result in participation of any program/activity/service conducted and or provided by the YMCA of Greater Springfield.

Parent/Guardian Signature: _____



Y Ride Evaluation Form

It is a goal in our program to provide your child with positive outcomes in many areas. In order to see the impact of our program, we ask that you complete the following evaluation as honestly as possible. If your child is accepted into the program, we will have a post evaluation at the end of the session.

Please rate your child on the following on a scale of 1 (poor) – 5 (excellent):

	1	2	3	4	5
Ability to listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct grades at school (* Please provide a copy of your child's most recent report card)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interact with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interact with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle stressful situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort level around all animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(if uncomfortable around any animals please list which animals _____)					
Muscle Strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else the staff should know about your child? (Learning style, etc?)

Information Given By: _____ Relation to Camper: _____ Date: _____

Staff Information:





Monthly Payment	\$ _____
Joiners Fee	\$ _____
Full Pay	\$ _____

Qualify for %	_____
Staff Initials	_____
F/A Coordinator	_____

YMCA of Greater Springfield

We Build strong kids, strong families, strong communities
Springfield Branch • Community Services Branch • Scantic Valley Branch

Springfield Branch: 739-6951 Scantic Valley Branch: 596-2749

YMCA Scholarship Application

The YMCA of Greater Springfield believes in making our programs and services affordable for all. We will not turn anyone away based on inability to pay full fees. Scholarships are made possible through the generous contributions of YMCA donors.

Please print all information and answer all questions. Be certain to attach required documents. Thank you.

Name: _____ Birth date: _____

Address: _____ Phone: _____

City: _____ Zip Code: _____

I am applying for scholarship for:

Membership (List type of membership)

Programs (List type of programs)

Have you ever applied for a scholarship at the YMCA before? Yes No If yes, how long ago? _____

Please list all members in your Household:

Name	School/Employer	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		

Please list your monthly household income:

Gross wages, salary and tips _____

Unemployment compensation _____

Social Security/SSI _____

Child Support _____

TAFDC, EAEDC _____

Food Stamps _____

Retirement Income _____

Other Income _____

Total Monthly Income _____

Total Annual Income _____

Please detail any special circumstances which we should know in order to make an informed decision on your application:

IMPORTANT: To complete your application you must attach a copy of your Federal Income Tax Form and copies of pay stubs for the most recent months earnings. If you are receiving TAFDC, EAEDC, unemployment, food stamps, and/or social security/SSI, you must attach a copy of (grant notification form's). For child support or alimony, an award statement must be attached.

Note: If needed, you may be asked to bring in more information to complete the process of your scholarship application.

I attest that all of the information provided is true:

Signature _____ Date _____