

IMPORTANT: To complete your application you must attach a copy of your most recent filed **Federal Income Tax Form (1040)** and copies of **pay stubs** for the most recent month's earnings. If you are receiving TAFDC, unemployment, and/or Social Security/SSI, you must attach a copy of your **Grant Notification Form(s)**. For child support or alimony, an **Award Statement or last four payments must be attached.**

Please list your monthly, *HOUSEHOLD* income:

Gross wages, salary and tips _____	Please detail any special circumstances which we should know in order to make an informed decision on your application: _____
Unemployment Compensation _____	
Social Security/SSI _____	
Child Support _____	
TAFDC _____	
Retirement Income _____	
1040 (1 st two pages) or 1040A (or Verification of Non-Filing Status Letter) _____	
Other Monthly Income/Assistance _____	

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 _____ E-mail address _____

School Your Child is attending _____
Program I am requesting a scholarship for:

Before School Site _____ **After School Site** _____ **Dunbar Community Ctr** _____

Early Childhood (Pre-School & Nursery)

Magic Years _____ **Scantic Valley Child Development Center** _____

Infant/Toddler _____ Full time ___ Part time 2 days ___ Part time 3 days ___

Pre-School _____ Full time ___ Part time 2 days ___ Part time 3 days ___

Summer Camp: Sessions (maximum 4 weeks per child)

Camp Weber I II III IV IV.5 Have you ever applied for financial assistance at the YMCA before? _____

Camp Fun City I II III IV IV.5 If yes, how long ago? _____

Stony Brook Acres Summer Program I II III IV V VI VII VIII Fun Week

Office use only:

Gross yearly income: \$ _____	Family size: _____ Full Fee \$ _____ % Discount _____ %
Camp fee/session: \$ _____	Approved for how many sessions _____
After School Fee \$ _____	Vacation Week (s) Fee \$ _____ Before School Fee \$ _____
Magic Years Fee \$ _____	Fee Start date _____ Fee End Date _____

Date Confirmation letter mailed _____ Staff signature _____