



The New Rochelle YMCA

Date Received: _____	Staff Initials: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<input type="checkbox"/> Incomplete	
Date Notified: _____	Staff Initials: _____
Date Processed: _____	Staff Initials: _____

Scholarship Fee Waiver Request Form

Please fill out the following information below to help us evaluate your request. Be sure to attach the necessary documents (photocopies only) and return to the New Rochelle YMCA. Be sure to include a letter stating your reason for scholarship assistance and personal situation with your application. Balance of the allocation must be paid in full or on our automatic payment plan through an automatic electronic fund transfer program.

Please complete the information below to help us evaluate your request. Please print.

Name of Applicant: _____ Age: _____

Date: _____ Home Address: _____

City: _____ State: _____ Zip: _____

Home-Phone: _____ Email: _____

Employer: _____ Work-Phone: _____

Names and ages of family members in household starting with any adults in the household:

Name	Age	School Attending / Employer	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list the membership category that you are requesting a fee reduction for:

Membership:	Program:	Class:	Class Day / Time:	Fee: \$
<input type="checkbox"/> Family**	_____	_____	_____	_____
<input type="checkbox"/> Adult**	_____	_____	_____	_____
<input type="checkbox"/> Youth	_____	_____	_____	_____

Scholarship assistance for YMCA programs will only be awarded to Youth. Program assistance for adults with extreme financial and medical situations will be considered. Program assistance is available only if funds are available.

****Members receiving a fee waiver are not eligible to rent lockers.**

Are you currently a member of the New Rochelle YMCA? Yes No

Membership No. _____

Renewal Month: _____

Have you applied for scholarship assistance previously? Yes No

What volunteer service, if any, are you willing to provide? (Not a requirement to receive assistance)

Documentation of Income and Expense:

All the information below must be filled out or the application will not be processed.

What is the total annual income for your entire household? \$ _____

What is the number of people supported by your income? _____

Please identify your **MONTHLY** income and expenses:

INCOME

Wage, salaries, and tips \$ _____
 Unemployment \$ _____
 Social Security \$ _____
 Child Support \$ _____
 Aid to Dependent Children \$ _____
 Food Stamps \$ _____
 401K/Retirement Funds \$ _____
 Alimony \$ _____
 Other \$ _____

EXPENSE

Rent/Mortgage \$ _____
 Utilities \$ _____
 Food \$ _____
 Clothing \$ _____
 Phone \$ _____
 Car/Insurance \$ _____
 Alimony \$ _____
 Child Support \$ _____
 Medical \$ _____
 Other \$ _____

TOTAL MONTHLY INCOME \$ _____

TOTAL MONTHLY EXPENSE \$ _____

What can you afford to pay:

Membership: \$ _____ per month?

Program: \$ _____ per class?

Please Attach Photocopies (Not Originals) Of the Following Items as Proof of Income:

- Latest tax return, IRS Form 1040
- Recent paycheck stub, if applicable
- Public aid documentation, if applicable
- Social security subsidy documentation, if applicable

If documentation is not available, please explain why?

Statement by applicant: I certify that all information provided to the New Rochelle YMCA for reduction of fees is true. I understand that false information will make me ineligible for any participation in this organization. I understand that the decision to grant a fee reduction is at the sole discretion of the YMCA's Office Managers or its designee if funds are available. I understand that I must renew my scholarship assistance every year, prior to my membership expiration or 6 months if the allocation is for program assistance if I still wish to receive a reduced rate. This is not a guarantee that you will receive the same reduction of fees. It is my understanding that I must access the YMCA facility on a regular basis to be eligible to renew my membership with scholarship assistance.

SIGNATURE OF APPLICANT: _____ Date: _____

Office Use Only

Date	Type	Membership Fee	Total Income	# in household	Percentage Fee Applicant Should Pay *Based on Sliding Fee Scale	Amount Applicant can pay	Percentage Fee Waived/ \$ Amount Waived	Joiners Fee Waived	Amount \$ to be paid by applicant
	<input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> Family					\$ _____ per month		<input type="checkbox"/> Yes _____% <input type="checkbox"/> No <input type="checkbox"/> NA	\$ _____ Joiner's Fee \$ _____ Monthly Fee \$ _____ Annual Fee
Special Instructions:									