



OSWEGO YMCA

Extension Program

Y CARES PROGRAM

Please provide all required copies of your tax return, pay stubs, benefit checks, etc.

Applications are due by the 10th of the current month to be eligible for next month's scholarship funds.

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Y Cares Scholarship Program:

The Oswego YMCA is a not-for-profit organization committed to helping people grow in spirit, mind and body. YMCAs are here to serve people of all ages, backgrounds, abilities and incomes. The Y is community-based and believes that its programs and services should be available to everyone. For this reason, the YMCA offers the Y Cares Program. Y Cares is a sliding-fee scale scholarship that is designed to fit each individual's financial situation. Our Y Cares program is often utilized by:

- Adults who are temporarily out of work.
- Single moms & dads experiencing financial hardships.
- People on fixed income.
- People who are overwhelmed with medical bills.
- Those experiencing other financial hardships.

The Oswego YMCA requires that individuals provide the requested information on the attached form regarding income, family size and necessary expenses so that it can provide financial assistance in a fair and consistent manner.

You must reapply at the start of each school year, or as indicated by your scholarship agreement. Your fees may increase when you reapply. If you do not reapply, you will automatically be charged the full rate until the application and approval process is complete.

To process your application, we will need the following information:

- Copy of 2018 Federal Tax Return
- (Or) Copy of Social Security Disability or other benefits checks

Note: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service (1-800-829-1040). If you did not file taxes last year, or if you do not have the other documents required, please submit a letter explaining your personal situation.

Applications will be reviewed based on the deadlines listed on the cover. Please include a program registration form with your scholarship application. Letters will be mailed to all applicants. If approved, you will have 10 days to accept and complete any incomplete registration forms. At this time, you will need to bring with you: your award notice, payment for the balance of the first session or month that your child will be attending, and photo identification.

Funds for the Y Cares program are made available through the YMCA's annual Y Partners Campaign. The Y Cares scholarship may not be used in conjunction with any other financial assistance program (DSS, Jobs Plus, etc.) or discount.

Y Cares Application

Applications will be processed only after all information is submitted and the application is filled out completely.

Are you currently Family Members of the Oswego YMCA? Yes No

Oswego YMCA Extension
Program

Session Days. Circle all that apply

Wednesdays (12:00-3:00pm) Fridays (12:00-3:00pm)

*To ensure proper staffing, you will be charged for the session days you choose.

Name of Child(ren) attending: 1) _____
2) _____
3) _____

Parent Information (Please Print):

Name _____ Home Phone _____

Address _____ Age _____ D.O.B. ____/____/____

City _____ State _____ Zip Code _____

Total Number of dependents: _____

Please list names & ages of all persons in the household. Your household includes dependents you claim on your federal tax return.

Spouse: _____

Children and other dependents:

	Name	Age	Date of Birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Employment Information:

Employer _____

Work Phone _____

Address _____

City/State/Zip _____

Spouse's Employer _____

Work Phone _____

Address _____

City/State/Zip _____

Income/Expenses Worksheet

Income:

Expenses:

\$_____ 1) Your Gross Monthly Income

\$_____ 1) Rent/Mortgage
(Circle One)

\$_____ 2) Spouse's Gross Monthly Income

\$_____ 2) Auto Loan

\$_____ 3) Child Support

\$_____ 3) Utilities

\$_____ 4) Aid to Dependent Children

\$_____ 4) Phone (Listed
in your name)

\$_____ 5) Public Assistance (Budget sheet, ID card)

\$_____ 5) Child Support

\$_____ 6) Food Stamps

\$_____ 6) Medical

\$_____ 7) Other (Please Explain)

\$_____ 7) Child Care

\$_____ 8) Food

\$_____ 9) Other (Please
Explain)

\$_____ TOTAL MONTHLY INCOME

\$_____ TOTAL MONTHLY EXPENSES

\$_____ TOTAL ANNUAL INCOME
(HOUSEHOLD)

Do you share expenses with anyone else in your household? _____

Total Number in household: _____

Reason applying for the Y Cares Program? _____

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the Y Cares program.

Signature of Applicant _____

Date _____