

YMCA Camp T. Frank Soles

134 Camp Soles Lane ♦ Rockwood, PA 15557 ♦ 814-352-7217 ♦ 1-800-677-1811 ♦ Fax 814-352-7749
Owned and Operated by the **YMCA of McKeesport**

YOUTH SCHOLARSHIP FORM CONFIDENTIAL

1. **Applicant's (Camper) Name:** _____

Applicant's Date of Birth: _____

Mother's Name (If applicant's under age 18) _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Father's Name (If applicant's under age 18): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

2. **YMCA Member?** Yes No Location: _____

3. **Camp Session Requested:** _____

4. HOUSEHOLD INFORMATION:

- Child lives with (Circle One): Mother & Father Mother Father Other
- Other adult(s) (over 18 yrs.) living in household: _____ Relationship: _____
- Family Status (Circle One): Married Separated Single Divorced Other
- Number of dependants in family _____

Name	Date of Birth	Name	Date of Birth
1.		4.	
2.		5.	
3.		6.	

5. **FINANCIAL INFORMATION:** Please do not leave anything blank, if not applicable write "n/a".

Mother's Employer: _____ Gross salary/weekly \$ _____

Days of the week you work: _____ Hours per week: _____ How long at this job? _____

Father's Employer: _____ Gross salary/weekly \$ _____

Days of the week you work: _____ Hours per week: _____ How long at this job? _____

If you are self-employed, what is the name of your business? _____

Kind of work? _____

Child Support monthly Income per Child \$ _____

Social Security Monthly Income \$ _____

Do you receive financial assistance from any other source? Yes No

If yes, from whom? _____ Monthly Amount \$ _____

Monthly rent/mortgage payment \$ _____ (excluding taxes & insurance)

Who is responsible for the rent/mortgage payment? _____

6. PLEASE PROVIDE MONTHLY AVERAGES FOR THE FOLLOWING EXPENSES:

Heat	\$	/month	Car Loan	\$	/month	Medical	\$	/month
Electric	\$	/month	Car Insurance	\$	/month	Groceries	\$	/month
Phone	\$	/month	Gas/Mileage	\$	/month	Tuition	\$	/month
Gas	\$	/month	Public Transit	\$	/month	Cable TV	\$	/month
Taxes	\$	/month	Insurance	\$	/month	Day Care	\$	/month
Water	\$	/month	Students Loan	\$	/month	Other	\$	/month

7. The YMCA asks that each scholarship recipient make a contribution toward your scholarship request.

What amount are you able to contribute? \$ _____

8. Does your child receive Free or Reduced Lunch? (Circle One): Free Reduced Neither

9. On a separate page please tell us your story. Please let us know of any extenuating circumstances that will help explain your need for a scholarship.

10. In applying to Camp Soles of the McKeesport YMCA for a scholarship, I certify that I completed all the information requested within this form and that all information supplied is accurate to the best of my knowledge and that there is no misrepresentation by omission of information. I understand that misrepresentation can result in an application being voided from consideration. I also further understand that this application does not constitute acceptance by Camp Soles of the McKeesport YMCA and that I will be notified by Camp Soles off the McKeesport YMCA as to whether my application for financial assistance was or was not approved. I know that all of the information provided will be kept confidential and I know that I have to provide Camp Soles of McKeesport YMCA with new information pertaining to a change in my financial status on a regular basis.

Applicant's Signature: _____ **Date:** _____

If you are completing this form for another:

Your Name: _____ **Phone:** _____ **Relationship:** _____

Complete applications are processed first come first serve. If a scholarship is incomplete the process will be delayed.

Please include a copy of your most recent pay stub or Tax Return for income verification. Thank you for your cooperation! Scholarship decisions are made on a weekly basis but please allow three weeks for processing.

**Please return completed scholarship request forms to:
YMCA Camp Soles * 134 Camp Soles Lane * Rockwood, PA 15557**