



# BERWICK AREA YMCA

## Scholarship Application Instructions

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Complete all information requested on the application and attach all documentation outlined in these instructions. Failure to do so will cause delays or rejection of your application.**

### DOCUMENTATION REQUIRED

- **Income:** Include with the application a copy of your most recent income tax return, your two most recent pay stubs, and proof of any public assistance you are receiving. This information is required for all individuals contributing to household income.
- **Dependents:** Supply documentation confirming each individual listed on a scholarship application is a dependent of the person completing the application. This is usually established by your most recent tax return.
- **Extenuating Circumstances:** Supply documentation for any circumstances you claim on your application. For example, if you indicate you have medical bills, supply copies of those bills for the current year
- **Unemployment Compensation:** If you claim unemployment as a reason for requesting a scholarship, provide verification you are receiving unemployment compensation benefits.

**Daycare/Day Camp/School Age Child Care:** Scholarships will not be considered for day care, day camp or School Age Child Care unless they are accompanied by proof that the applicant has also applied for county child care subsidy assistance. Submission of a scholarship application does not constitute an award. Applicants are expected to pay full fees for any type of child care services provided prior to their application being approved. Also, the need for child care services must be demonstrated to receive assistance for these programs.

**Social Security:** Receiving Social Security benefits does not automatically qualify an applicant for a scholarship. Submit a copy of your benefits statement along with documentation of why you receive Social Security benefits. If Social Security benefits are the result of a disability, a physician's letter indicating you are either temporarily or permanently disabled is required.

**Signature:** The application will not be processed without your signature. By your signature you affirm all information provided is true and correct and you hereby grant permission to the Berwick Area YMCA to contact your employers and/or other agencies for verification. Providing false or misleading information will result in an awarded scholarship being terminated.

If you have questions or need assistance with the application call the Berwick Area YMCA at (570) 752-5981 or email [membership@berwicky.org](mailto:membership@berwicky.org)



# BERWICK AREA YMCA

## Scholarship Application

FOR YOUTH DEVELOPMENT®  
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Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Number of adults in household \_\_\_\_\_ Number of children in family \_\_\_\_\_

List all family members, yourself included, who will be part of this application

Name	Date of Birth	Sex

Combined Household Income \_\_\_\_\_ Child Support Received \_\_\_\_\_  
(Current year)

List membership or programs you are applying for and which family members will participate

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List any special circumstances that contribute to your request for financial assistance.  
(medical bills, unemployment, etc.)

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Sign and date application and attach all documentation requested on the Scholarship Application Instruction Sheet. Failure to do so will cause delays or rejection of your application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Complete reverse side of application

