

YWCA Greater Newburyport Scholarship Information

The YWCA Greater Newburyport offers a limited number of scholarships for its programs based on availability of funding and availability of program capacity. Please complete the following information and return it with the required documentation. In-complete applications or applications without proper documentation will be returned without processing.

The YWCA Greater Newburyport receives more requests for assistance than it is able to serve. Responses to requests are first based on financial need. Additional needs beyond financial will then be considered when determining your request. Because of our limited funding, applications that show needs in addition to financial needs will receive greater priority.

Applications are processed on a monthly basis. Depending on the type of assistance requested, you will receive notice of our decision in as short a time as possible.

wellness plans

People who are laid off may apply for assistance for up to 6 months. The maximum assistance is a 40% discount. Applicants are expected to inform the ywca when they re-gain employment and resume full payment when they are employed.

Periodically, the YWCA Greater Newburyport receives funding from foundations and other sources. These sources often impose eligibility restrictions which must be followed. By signing this application, you agree to allow the ywca to share your name with the funding source if they require us to do so. This is to ensure non-duplication of effort.

Once awarded, failure to use the wellness plan will result in becoming ineligible for future scholarships.

school's out

Applicants must demonstrate that they have applied to Child Care Circuit for a voucher and must either show that they are in-eligible or that they are on the wait list as part of this application. In addition, applicants must demonstrate a service need. Service need must be demonstrated for all guardians. Such need may include 30 hours or more of work, 30 hours or more of school, 30 hours or more of care giving to a disabled or sick family member or a combination of the above.

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Once enrolled in a class, failure to attend will result in becoming ineligible for future scholarships.

swim lessons and swim team

Applications for swim lessons and swim team will be maintained on file for one year. When space becomes available, you will be notified of program availability. Once enrolled in a class, failure to attend will result in becoming ineligible for future scholarships.

If you have any questions regarding this application, please contact Elizabeth Holaday at eholaday@ywcanewburyport.org or at YWCA Greater Newburyport, 13 Market Street, Newburyport, MA 01950

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scholarship application

personal information

| | | | |
|----------------|--------|----------------|--|
| First Name | | Last Name | |
| Street | City | State | Zip |
| Date of Birth | Gender | Age | Parent or Guardian if applicant is a minor |
| Primary Phone* | | Email Address* | |

*information required

program request

Wellness plan **School's Out**
 Swim Lesson **Swim Team**
 Other (please specify) _____

financial need

Fixed-Income Please describe your need: _____

 Laid Off _____

 Low-Income _____

required documentation

Monthly HH Income: _____

Income Documentation
 you can provide primary source documentation such as:
 Social Security Letter tax return
 unemployment stubs
 or your income can be verified by another agency by attaching
 a signed letter on agency letterhead
 Documentation must clearly show your name and address, you may obscure
 your social security number or other personal financial information.

Identification Documentation of family size if greater than one.

School's Out only - Child Care Circuit rejection or waiting list and service need.

Are you a member? Yes/No

Number of people in family

Have you received a scholarship in the past? Yes/No

If yes, when and for what purpose?

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other needs

Please note, no application will be considered unless a financial need has first been established.

- Health/ disability**
- Programmatic (IEP, ETC.)**
- Military Service**
- Kinship Care**

Please describe your need: _____

request

- Documentation of additional need attached**
 other need documentation may include doctor's note, IEP, etc.
- I am requesting the laid off discount for my established wellness plan**
- I am requesting a partial scholarship and am able to contribute**
the following amount toward the cost of the program. _____
- I am requesting a renewal scholarship, my income has not changed (seniors)**
- I am requesting a full scholarship**

To the best of my knowledge, the information provided above is complete and accurate.

 Signature Date

Office Use Only

- Approved**
- Denied**

_____ **Membership fee**
 _____ **Program Cost**
 _____ **Scholarship Amount**
 _____ **Participant Share**

_____ **income exceeds guidelines**
 _____ **incomplete documentation**
 _____ **not utilized**
 _____ **insufficient funds**

Comments: _____

Date Received: ___ / ___ / ___ **Date Notified:** ___ / ___ / ___

Approval Date: ___ / ___ / ___ **Effective Date:** ___ / ___ / ___ **Expiration Date:** ___ / ___ / ___

Documentation examined and verified by: _____

Documentation Destroyed by: _____

Executive Director's Approval: _____