



127 Hammond St., 17 Second St., Bangor, ME 04401
"Access Y" Scholarship Application for **Bangor Y Summer Camps**

Please read and fill in all blanks on this form

In addition, enclose all the information that is asked for, so there will be no delay in processing your application. All information is confidential and is used only to determine whether you are eligible for a scholarship. If you have questions, call 941-2815 ext. 14. or 941-2808 ext. 312.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone _____ Home Phone _____

Status: ___Married, Living w/ Spouse ___ Living w/ Partner ___Separated ___Divorced ___Single

Emergency Contact: _____ Phone _____

How many adults over age 18, **INCLUDING YOURSELF**, live in your household? _____

How many children, under age 18, live at home ? _____

List name for each child that assistance is being requested for. Also list name of each camp(s) (* See choices at bottom of page) and week that you are requesting assistance for. Limit of 2 weeks per child per scholarship.

<u>Child's Name</u>	<u>Birthdate</u>	<u>First Choice Camp and Week #</u>	<u>Second Choice Camp and Week #</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

1. Camp Jordan 2. Camp Molly 3. Camp Peirce Webber 4. Travel Camp

Income Verification

Please list below the income of everyone living in your household. Provide copies of documents showing income – Social Security, Supplemental Security Income (SSI), State or City Assistance, Food Stamps, Child Support, TANF and two most recent pay stubs. If you bring these in, we will make copies for you.

Employer	Phone	Average Hrs. Worked/week	Hourly Wage
1. _____	_____	_____	_____/Hour
2. _____	_____	_____	_____/Hour
3. _____	_____	_____	_____/Hour

Social Security \$ _____/Month S.S.I. \$ _____/Month

Welfare \$ _____/Month Child Support /Alimony \$ _____/Month

Food Stamps \$ _____/Month Pension \$ _____/Month

Family Support \$ _____/Month Other Funding \$ _____/Month

Have you ever received assistance from a Bangor Y Summer Camp? _____ When/Why? _____

IF YOU RECEIVE FUNDING FROM ANOTHER AGENCY THAT COULD HELP PAY FOR YOUR BANGOR Y SUMMER CAMP, SUCH AS CHILD DEVELOPMENT SERVICES, CHCS, COMMUNITY CONNECTIONS, DMHMRSAS, ETC., PLEASE LIST HERE: _____

What other information would you like to provide that may help us in reviewing your application? _____

I CERTIFY THAT ALL THE INFORMATION PROVIDED IS TRUE, AND THAT I AM RESPONSIBLE TO NOTIFY THE BANGOR Y OF ANY CHANGES OF FAMILY OR FINANCIAL STATUS IMMEDIATELY SHOULD THEY OCCUR.

Signature of adult or parent / guardian: _____ Date ____/____/____

Would you be willing to volunteer to help with Bangor Y projects or programs?

Check of areas of volunteer work you are interested in:

<input type="checkbox"/> Adult Sports	<input type="checkbox"/> Swimming	Bring or Mail Application to: Bangor Y OR Bangor Y 127 Hammond Street 17 Second Street Bangor, ME 04401 Bangor, ME 04401 Attn: Access Y Program Attn: Access Y Program (207) 941-2815 (207) 941-2808
<input type="checkbox"/> Aerobics	<input type="checkbox"/> Camping	
<input type="checkbox"/> Aquatic Fitness	<input type="checkbox"/> Child Care	
<input type="checkbox"/> Fitness Center	<input type="checkbox"/> Mailing	
<input type="checkbox"/> Youth Sports	<input type="checkbox"/> Fundraising	