

# Bangor Y



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) 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. _____	_____	_____	_____

## 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:

Adult Sports                       Swimming  
 Aerobics                             Camping  
 Aquatic Fitness                    Child Care  
 Fitness Center                     Mailing  
 Youth Sports                        Fundraising

Bring or Mail Application to:

**Bangor Y                                      OR**  
**127 Hammond Street**  
**Bangor, ME 04401**  
**Attn: Access Y Program**  
**( 207 ) 941-2815**

**Bangor Y**  
**17 Second Street**  
**Bangor, ME 04401**  
**Attn: Access Y Program**  
**( 207 ) 941-2808**