

## **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 of 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 Ellie Davis at [elliedavis@ywcanewburyport.org](mailto:elliedavis@ywcanewburyport.org) or at ywca greater newburyport, 13 Market Street, Newburyport, MA 01950

# scholarship application

**personal information**

First Name		Last Name		Email Address	
Street		City		State	Zip
Date of Birth	Gender	Age	Parent or Guardian if applicant is a minor		
Home Phone			Additional Phone		

**program request**

- Wellness plan**
                    
  **School's Out**  
 **Swim Lesson**
                    
  **Swim Team**  
 **Other** (please specify) \_\_\_\_\_

**financial need**

- fixed income**  
 **laid off**  
 **low-income**
- Please describe your need: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**required documentation**

**Monthly 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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continue on other side

**other needs**

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

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Health/ disability</b> | <input type="checkbox"/> <b>Programmatic (IEP, ETC.)</b> |
| <input type="checkbox"/> <b>Military Service</b>   | <input type="checkbox"/> <b>Kinship Care</b>             |

Please describe your need: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- documentation of additional need attached**  
 other need documentation may include doctor's note, IEP, etc.

**request**

- I am requesting a partial scholarship and am able to contribute the following amount toward the cost of the program.** \_\_\_\_\_
- I am requesting a full scholarship but am able to pay for a membership**
- I am requesting a full scholarship and waiver of membership fee**

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

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

**Office Use Only**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Approved</b> | <input type="checkbox"/> <b>Denied</b> |
|--|--|

\_\_\_\_\_ **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:** \_\_\_\_\_