Kings Bay YM-YWHA

3495 Nostrand Avenue, Brooklyn, NY 11229

(718) 648-7703

Afterschool Academy Financial Assistance Application

*** (Financial Assistance is limited. Your application does not guarantee receipt of scholarship. Priority will be given to early applicants.) ***

Please answer all questions fully and return the form to the Kings Bay YM-YWHA along with a copy of **1040 federal income tax return** and copies of **the W-2 slips**.

(Financial Assistance forms will not be accepted without all of the necessary information).

Personal Information

Parent Name: _____
Last First M.I.

_____
Street Address Apartment/Unit #

_____
City State ZIP Code

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail Address: _____ Occupation: _____

Did your child attend after school last year? ❑ Yes ❑ No If so, which program? _____

Will you be receiving any other form of financial aid this year? ❑ Yes ❑ No

If yes, please specify: _____

*Please be aware that in order to apply for the Kings Bay Y scholarship, you must declare any other scholarships that you may be receiving prior to submitting your application (e.g. 1199, TWU, JBFCS, etc.) If this is not indicated, the Kings Bay Y reserves the right to withhold the scholarship provided to you.

Participation Information

Child's First Name	Child's Last Name	Date of Birth	Past Scholarship Recipient
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No

Income Information

Please list the annual gross income for all members of the family. Verification Required.

Family member	Occupation	Gross yearly income	SSI, Pension, other

Do you have other children? ❑ Yes ❑ No

If yes, please list children's ages: _____

Monthly rent or mortgage: _____ Do you own your house? ❑ Yes ❑ No

Please explain unusual expenditures, if any, in the last 6 months:

_____

Signature of Parent/Guardian _____ Date ____ / ____ / ____