



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SOMERSET HILLS YMCA MILLCENT FENWICK SCHOLARSHIP 2018 APPLICATION

1. Name of Candidate: _____

2. Date of Birth: _____ Social Security Number: _____

3. Candidate's Home Address: _____

City: _____ State: _____ Zip: _____

4. Father's Name: _____ Phone: _____

Father's Home Address: _____

City: _____ State: _____ Zip: _____

5. Mother's Name: _____ Phone: _____

Mother's Home Address: _____

City: _____ State: _____ Zip: _____

6. Other Dependent Children:

Names of Children	Age	Grade School, H.S. or College Attending	Amount of Tuition Paid by Parent	Amount of Aid Received by Student	Amount Contributed by Student

SOMERSET HILLS YMCA

A branch of Somerset County YMCA

140 Mount Airy Road | 665 Martinsville Road
Basking Ridge, NJ 07920 | Basking Ridge, NJ 07920

www.somersetcountyyymca.org (P) 908 766 7898

[Facebook.com/SomersetHillsYMCA](https://www.facebook.com/SomersetHillsYMCA)

[Twitter.com/shymca](https://twitter.com/shymca)

The Y is the nation's leading nonprofit committed to strengthening the community through youth development, healthy living and social responsibility. At Somerset County YMCA, we believe everyone, regardless of age, income or background, should have the opportunity to learn, grow and thrive. For information about Somerset County YMCA and financial assistance, visit us at www.somersetcountyyymca.org.



7. Other Dependents: (Grandparents, parents, other family members dependent for support by parents of candidate.) Please indicate amount of financial assistance provided to each person so designated and if that person resides with your family.

Names of Dependents	Relationship to Parent	Amount of Financial Assistance Provided (How Often?)	Does Dependent Reside With You? (Yes or No)

8. Father’s Employer (Provide Name of Employer, Address, and Phone.): _____

9. Mother’s Employer (Provide Name of Employer, Address and Phone): _____

10. Please describe any extraordinary monthly or annual expenses:

Type of Expense	Amount of Expense	Monthly or Annual

11. Financial Statement:

ASSETS:

LIABILITIES:

Cash on Hand and in banks	\$	Notes payable to banks	\$
Marketable securities	\$	Fee/commissions due to brokers	\$
Securities held by broker or in margin accounts	\$	Credit card debt	\$
Value of automobiles	\$	Accounts payable to others	\$
Value of real estate owned	\$	Unpaid income tax	\$
Other real estate or partial interests	\$	Amount due on mortgage(s)	\$
Cash value of life insurance	\$	Amount of life insurance loans	\$
Loans receivable	\$	Amount due on car loan	\$
Retirement accounts (company, IRA, SEP, etc.)	\$	Other debt	\$
Total Assets	\$	Total Liabilities	\$
		Net Worth (Total assets less total liabilities)	\$



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12. Please list other assets available to candidate for school purposes (include legacies, trust funds, gifts, education savings accounts and insurance, aid from relatives, friends and organizations or from candidate's own savings):

ASSETS:

	\$
	\$
	\$
	\$
	\$
	\$

13. If one parent is not living with family, please indicate what his or her expected contribution will be: _____

14. Please complete the following chart:

2017 INCOME		PROJECTED 2018 INCOME	
Mother	\$	Mother	\$
Father	\$	Father	\$
Student	\$	Student	\$

15. In addition to data requested on this form, please provide a copy of your parents' most recent Federal Income Tax form (with all attachments). If they are in business for themselves, additional tax forms may be required to be submitted. If the candidate has worked, a copy of the candidate's most recent income tax form also must be submitted. All information will be held in the strictest confidence.

Student Section:

16. Please list the name and address of colleges/universities to which you have applied, the amount of financial aid sought and the tuition, room and board charged by that school. Please submit any financial aid letters received from the college(s):

School & City (indicate Application Pending - AP or Application Accepted - AA)	Amount of financial aid. Applied - A or Granted - G	Tuition	Room and Board	Misc. Travel	Total Costs	Gap



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17. What amount of assistance are you applying for from this committee: \$ _____

18. What other scholarships are you applying for, and if you have received any aid from them, please specify the amount: _____

19. Please list your extra-curricular activities (use separate sheet if necessary):

20. Employment:

Employer Name	Address	Job performed	Approx. amount earned or to be earned	Dates of employment

21. Please provide the names, addresses and telephone numbers of two persons from whom we can obtain additional information about you, if necessary:

Name	Address	Telephone No.	Relationship to you



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23. Indicate a person who has had a significant influence on you, and describe that influence. Please use the space provided:

24. Please attach your high school transcript, ACT or SAT scores and two letters of recommendation from teachers, counselors and/or employers. (Also feel free to submit an essay already prepared for your college applications.)

We certify that the information contained herein is true and accurate to the best of our information and belief.

Candidate Signature: _____ Date: _____

Mother or Legal Guardian Signature: _____ Date: _____

Father or Legal Guardian Signature: _____ Date: _____

It is the policy of Somerset Hills YMCA, Millicent Fenwick Scholarship to meet with the student first and then with the parents and student at a later date to determine in greater depth the financial circumstances of the family. These meetings are held in May in the evening.



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**APPLICATION AND ALL SUPPLEMENTAL MATERIALS MUST BE RECEIVED
BY THE SOMERSET HILLS YMCA BY APRIL 30, 2018 TO BE CONSIDERED.**

Please submit application to:
**Development Office
Somerset County YMCA
140 Mount Airy Road
Basking Ridge, NJ 07920**