



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SOMERSET HILLS YMCA MILLICENT FENWICK SCHOLARSHIP 2022 APPLICATION

- Name of Candidate: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
- Candidate's Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Father's Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mother's Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 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

- Father's Employer (Provide Name of Employer, Address, and Phone.): \_\_\_\_\_  
\_\_\_\_\_
- Mother's Employer (Provide Name of Employer, Address and Phone.): \_\_\_\_\_  
\_\_\_\_\_

**GREATER SOMERSET COUNTY YMCA ASSOCIATION OFFICE**  
140 Mt. Airy Road  
Basking Ridge, NJ 07920  
908 630 3535  
[gscymca.org](http://gscymca.org)

**BRIDGEWATER YMCA**  
601 Garretson Road  
Bridgewater, NJ 08807  
908 526 0688

**HILLSBOROUGH YMCA**  
19 East Mountain Road  
Hillsborough, NJ 08844  
908 369 0490

**PLAINFIELD YMCA**  
504 Madison Avenue  
Plainfield, NJ 07060  
908 766 5770

**SOMERSET HILLS YMCA**  
140 Mt. Airy Road  
Basking Ridge, NJ 07920  
908 766 7898

**SOMERSET VALLEY YMCA**  
2 Green Street  
Somerville, NJ 08876  
908 722 4567

**SOMERVILLE YMCA**  
2 Green Street  
Somerville, NJ 08876  
908 722 4567



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9. Please describe any extraordinary monthly or annual expenses:

Type of Expense	Amount of Expense	Monthly or Annual

10. 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)	\$

11. 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:**

	\$
	\$
	\$
	\$
	\$



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

\_\_\_\_\_

13. Please complete the following chart:

2021 INCOME		PROJECTED 2022 INCOME	
Mother	\$	Mother	\$
Father	\$	Father	\$
Student	\$	Student	\$

14. 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:**

15. 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

16. What amount of assistance are you applying for from this committee: \$ \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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

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19. Student Employment:

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

20. 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

21. On separate paper, evaluate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you or indicate a person who has had a significant influence on you, and describe that influence. 500 work maximum.

22. 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.)



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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 to determine in greater depth the financial circumstances of the family.

**Additional Required Information:**

In addition to the application and essay, please submit the following items to:

**Development Office  
Greater Somerset County YMCA  
140 Mount Airy Road  
Basking Ridge, NJ 07920**

- High school transcript (current high school students) or a college transcript (current college students).
- Two letters of recommendations, one from an academic professional and one personal (excluding family members).
- **APPLICATION AND ALL SUPPLEMENTAL MATERIALS MUST BE RECEIVED BY MAY 27, 2022 TO BE CONSIDERED**