

# SPRINGFIELD COLLEGE

## School of Professional and Continuing Studies



## YMCA PARTNER GRANT APPLICATION

### STUDENT INFORMATION (to be completed by the YMCA-employed undergraduate student):

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ YMCA Email \_\_\_\_\_

Do you have a Springfield College student ID #?  Yes  No If yes: your student ID # \_\_\_\_\_

Have you begun your program yet?  Yes  No If yes, please note that your grant award will be prorated based upon the term you entered.

If no, to which term are you applying?  Fall  Spring  Summer Year \_\_\_\_\_

Campus:  Boston  Milwaukee  Springfield  Wilmington  
 Houston  St. Johnsbury  Tampa Bay  Online

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### YMCA INFORMATION (to be completed by the human resources director or the CEO/executive director):

Human Resources Director or CEO/Executive Director's Name \_\_\_\_\_

YMCA Association \_\_\_\_\_ Branch \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ YMCA Email \_\_\_\_\_

Is the applicant a current employee of this YMCA?  Yes  No

If yes, in what capacity and for how long? \_\_\_\_\_

Briefly describe the applicant's involvement with the YMCA

\_\_\_\_\_

Human Resources Director or CEO/Executive Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please return completed application to:

Springfield College Office of Financial Aid, Attn: Allene Curto, 263 Alden Street, Springfield, MA 01109

Phone: (413) 748-3319, email: [acurto@springfield.edu](mailto:acurto@springfield.edu)

[springfield.edu/ymcadegrees](http://springfield.edu/ymcadegrees)