



The Monsignor Leonard R. Toomey  
Memorial Scholarship  
**APPLICATION**



KEEP HIS WISHES ALIVE AND SEND A KID TO CAMP

The Monsignor Leonard R. Toomey Memorial Scholarship Fund was established in 2009, to honor the memory of Monsignor Leonard Toomey, CYO founder, who died September 10, 2008. His dedication and foresight were the driving forces that helped to build the CYO into the full service childcare/youth organization it is today. His legacy will live on as the CYO continues to serve thousands of young people each year with quality recreational and educational programs.

For the summer of 2017, three (3) scholarships are available, each valued at \$560, for sessions II, III, or IV. The CYO Scholarship Committee, who is responsible for verification of information and selection of recipients, will review completed applications and accompanying documentation. Notification of awards will be made by May 1st. The balance of all fees (\$100) for the session selected must be paid by June 1st, and all other camp forms submitted, or the scholarship will be forfeited and awarded to the next qualified applicant. Selection will be made based on financial need including, but not limited to, loss of employment, serious family illness, or other hardship circumstances. The camp is open to children ages 5 – 13. Please refer to the camp information sheet for further details.

**Instructions: Complete all information below, and return to the Yardville CYO Office, 453 Yardville-Allentown Road, Yardville, NJ 08620, with a copy of your most recent Federal Income Tax return, three recent pay stubs, and a completed camp registration form, no later than April 14, 2017. All information will remain confidential, and will not be used in any other way than to determine eligibility for a scholarship award.**

**\*\* Re-Applying consecutive years is acceptable.**

**Application to be completed by parents:**

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ ( ) Male ( ) Female Grade Entering Sept '17 \_\_\_\_ School Attending \_\_\_\_\_

Applicant's Parent: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Session requested; please list your preferences as 1, 2, or 3:

[ ] Session II (July 17–July 28) [ ] Session III (July 31–August 11) [ ] Session IV (August 14–August 25)

List the names and ages of all dependents in your family:

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are both parents living? Yes \_\_\_\_\_ No \_\_\_\_\_

Are the parents married \_\_\_\_\_ or divorced \_\_\_\_\_ Do you receive child support? Yes \_\_\_\_ No \_\_\_\_

Are both parents employed: Full time \_\_\_\_ or Part time \_\_\_\_

List current employers for: Mother \_\_\_\_\_ Father \_\_\_\_\_

Please list the types of public assistance you receive (if any): \_\_\_\_\_

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

Please briefly explain your need for a camp scholarship. You may attach another page or use the reverse side of this form.

