

**REGIONAL YMCA OF WESTERN CONNECTICUT
TUITION ASSISTANCE APPLICATION
CAMP**

CONFIDENTIAL

Please complete the information in as much detail as possible and return the form to the Greenknoll YMCA front desk. A scholarship committee will review your application and you will be notified by mail regarding this request.

ALL APPLICATIONS ARE DUE BY APRIL 30th, 2010. No applications will be accepted after this date. If you are returning your application by mail please be sure that you allow plenty of time for delivery by April 30th, 2010- **NO EXCEPTIONS WILL BE MADE FOR LATE APPLICATIONS.**

PLEASE PRINT CLEARLY:

LAST NAME: _____

NAME OF PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD(REN) RESIDE:

NUMBER OF CHILDREN APPLYING FOR SCHOLARSHIP: _____

WHICH CAMP PROGRAM ARE YOU APPLYING FOR? _____

Greenknoll Day Camp, Great Hollow, Escape to the Arts.

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (_____) _____

CAMPER INFORMATION

1. Child's Name: _____

Gender: _____ Age: _____ Date of Birth: _____

2. Child's Name: _____

Gender: _____ Age: _____ Date of Birth: _____

3. Child's Name: _____

Gender: _____ Age: _____ Date of Birth: _____

4. Child's Name: _____

Gender: _____ Age: _____ Date of Birth: _____

AMOUNT OF SCHOLARSHIP REQUESTED

Your work schedule: _____ Total hours you work: _____

Number of weeks requested per child: _____

Amount you can pay **per child per week**: \$ _____

Have you applied for financial assistance at the Regional YMCA previously? _____

If so, when? _____

How did you hear about the YMCA scholarship program?

Please briefly describe any special circumstances to help us understand your situation:

PARENT/GUARDIAN INFORMATION

1. Father's Name: _____
Phone #: _____ Marital Status: _____
Name of Employer: _____ Phone: _____
Address: _____
Supervisor's Name: _____
How long have you been employed? _____ Yrs. _____ Mths.

2. Mother's Name: _____
Phone #: _____ Marital Status: _____
Name of Employer: _____ Phone: _____
Address: _____
Supervisor's Name: _____
How long have you been employed? _____ Yrs. _____ Mths

HOUSEHOLD INFORMATION

How long have you lived at your current address? _____ Yrs. _____ Mths.

Do you rent or own? _____

List previous address if less than 2 years at present address:

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

How long did you lived at this address? _____ Yrs. _____ Mths.

How many dependents do you have and what are their ages? Include children and other adults in your household.

Name	Relationship	Date of Birth	Age

Please check appropriate box regarding your annual household income.

<input type="checkbox"/> Under \$10,000	Combined Monthly Income:	_____
<input type="checkbox"/> \$10,000 - \$20,000	Alimony:	_____
<input type="checkbox"/> \$20,001 - \$30,000	Child Support:	_____
<input type="checkbox"/> \$30,001 - \$40,000	Other Sources:	_____
<input type="checkbox"/> \$40,001 - \$50,000	Total:	_____
<input type="checkbox"/> \$50,001 - \$60,000		
<input type="checkbox"/> \$70,001 – plus		

Please list any agency's from which you are receiving financial or support services. A letter of verification must be provided giving the amount of such assistance.

1. Agency: _____ Phone: _____
Address: _____ Apt. # _____
City: _____ State: _____ Zip: _____
Contact: _____ Title: _____

2. Agency: _____ Phone: _____
Address: _____ Apt. # _____
City: _____ State: _____ Zip: _____
Contact: _____ Title: _____

The Regional YMCA of Western Connecticut would appreciate it if you would attach a letter written to us, explaining what positive effect this campership will have on your family and why it is important for you and your child to receive this assistance. If you have been awarded campership funds in previous years, please share with us the impact of the experiences your family has enjoyed. Your letter may be submitted to agencies through which we receive funding. Some agencies, such as The News-Times Campership Fund, may publish your letter to assist in the process of raising money or for other purposes. If your letter is submitted it will be done in an anonymous manner that would not include any names or personal information that would be specific to the identity of yourself or your child. If you do not wish to have your letter published please indicate so in your letter.

The Camp Director and the appropriate committee reviews tuition assistance annually. Scholarship funds are not guaranteed and may be subject to change at any time. This service is a privilege and is extended only to those who maintain and support the regulations and purposes of the YMCA. The YMCA has the right to revoke this service from the recipient should a problem occur which would jeopardize the quality or safety of another member's participation.

Applications that are not complete cannot be processed and will be denied assistance. In order to assure that your application will be reviewed, please be sure that you included all of the following:

- Recent pay stubs or a statement of income from all employers.
- A copy of your 2009 tax return.
- Verification of any other income (i.e. child support, alimony, social security, etc.).
- Letter explaining you need for financial assistance (optional)
- Completed Tuition Assistance Application.
- DO NOT RETURN YOUR REGISTRATION OR MEDICAL FORMS AT THIS TIME!
PLEASE WAIT FOR A LETTER REGARDING THE STATUS OF YOUR
ASPPPLICATION!

REMEMBER- all applications are due by APRIL 30th, 2010. NO EXCEPTIONS!

I ATTEST THAT ALL OF THE INFORMATION ON THIS FORM IS TRUTHFUL AND ACCURATE. I UNDERSTAND THAT FALSE INFORMATION WOULD RESULT IN DENIAL OF ASSISTANCE. I FURTHER UNDERSTAND THAT MY APPLICATION WITH BE DENIED WITHOUT REVIEW OF THE SCHOLARSHIP COMMITTEE IF I FAIL TO SUPPLY THE INFORMATION REQUESTED ABOVE.

Signature: _____ Date: _____

Print Name: _____