

**REGIONAL YMCA OF WESTERN CONNECTICUT
TUITION ASSISTANCE PROGRAM
Greenknoll Children's Center
School-age and Summer Club Programs**



CONFIDENTIAL

The Regional YMCA of Western Connecticut will not deny participation to any of our activities whenever financially feasible because of an individual's lack of funds.

Prerequisite to services - any person who is in sympathy with the purpose of the Association may become eligible for a service and enjoy its privileges by fulfilling the requirements as established by the Board of Directors.

This is an application form for financial aid toward childcare at the Regional YMCA of Western Connecticut. While we are a not-for-profit agency, we depend on participant fees to help maintain our services. We are committed to serve people regardless of their income, but we expect participants to pay a fee based on their financial ability. Based on available financial resources of the Association, childcare fees will be awarded to applicants.

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

Important Information: A separate application must be submitted for each program for each child.

PLEASE PRINT CLEARLY:

CHILD'S SOCIAL SECURITY NUMBER: _____

CHILD'S FULL NAME: _____

ADDRESS: _____ **APT. #** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DATE OF BIRTH: _____ HOME PHONE: () _____

1. Father's Name: _____

Phone #: () _____ Marital Status: _____

2. Mother's Name: _____

Phone #: () _____ Marital Status: _____

How long have you lived at your current address? _____ Years _____ Months

Do you Rent? Own?

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

Street: _____ Town: _____ State: _____ Zip: _____

How long have you lived at this address? _____ Years _____ Months

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

Father's Employer:

Company Name: _____ Phone: () _____

Street: _____ Town: _____ State: _____ Zip: _____

Position: _____ Social Security No.: _____

Supervisor's Name: _____

How long have you been employed? _____ Years _____ Months

Mother's Employer:

Company Name: _____ Phone: () _____

Street: _____ Town: _____ State: _____ Zip: _____

Position: _____ Social Security No.: _____

Supervisor's Name: _____

How long have you been employed? ____ Years ____ Months

Please check appropriate box regarding your household income.

- | | | | |
|--------------------------|---------------------|--------------------------|-------|
| <input type="checkbox"/> | Under \$10,000 | Combined Monthly Income: | _____ |
| <input type="checkbox"/> | \$10,000 - \$15,000 | Alimony: | _____ |
| <input type="checkbox"/> | \$15,001 - \$20,000 | Child Support: | _____ |
| <input type="checkbox"/> | \$20,001 - \$25,000 | Other Sources: | _____ |
| <input type="checkbox"/> | \$25,001 - \$30,000 | Other Sources: | _____ |
| <input type="checkbox"/> | \$30,001 - \$35,000 | Other Sources: | _____ |
| <input type="checkbox"/> | \$35,001 – plus | Total: | _____ |

List All Monthly Expenses:

Item	\$ Amount	Item	\$ Amount

PLEASE ATTACH A COPY OF YOUR MOST RECENT PAY STUB AND A COPY OF YOUR MOST RECENT FEDERAL INCOME TAX RETURN. 2009 tax returns must be submitted no later than April 15, 2010.

Please list any agency's from which you are receiving financial or support services:

1. Agency: _____ Phone: () _____
Street: _____
Town: _____ State: _____ Zip: _____
Contact: _____ Title: _____
2. Agency: _____ Phone: () _____
Street: _____
Town: _____ State: _____ Zip: _____
Contact: _____ Title: _____
3. Agency: _____ Phone: () _____
Street: _____
Town: _____ State: _____ Zip: _____
Contact: _____ Title: _____

CHILDCARE LOCATION: A separate scholarship application must be completed for the program you are applying for. Do not include both programs on one scholarship application as they are two different programs.

Greenknoll School-age **Circle one: AM PM or AM and PM**
A minimum of 2 days is required for enrollment.

Circle days needed: M T W TH F

Greenknoll School-age Summer Club - (This is a full week program)

Amount you can pay weekly: \$ _____ (This MUST be completed)

If school-age childcare is needed, please provide the name of the school your child will be attending in the fall: _____

Your child's grade in the fall: _____

Briefly explain why you might require Regional YMCA of Western Connecticut tuition assistance: _____

Have you applied for financial assistance at the Regional YMCA previously? Yes No

If so, when? _____

How did you hear about the YMCA scholarship program? _____

Please note: In order to apply for Greenknoll Summer Camp scholarship assistance, you must obtain these forms at the front desk.

The Executive Director and the appropriate committee review 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.

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.

Signature Parent/Guardian: _____ Date: _____

MISSION STATEMENT: THE REGIONAL YMCA IS A COMMUNITY SERVICE ORGANIZATION DEDICATED TO BUILDING STRONG KIDS, STRONG FAMILIES, AND STRONG COMMUNITIES THROUGH THE DEVELOPMENT OF SPIRIT, MIND, AND BODY



YMCA

We build strong kids,
strong families, strong communities.

:lhl

C: SeanTurner

Scholarship Application SACC & SClub2009

Rev. 1/10