



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

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Please complete the information in as much detail as possible and return the form to the Greenknoll YMCA front desk. *The Tuition Assistance Committee will review your application and you will be notified by mail regarding this request.*

Indicate below which program you are applying for:

Select all that applies

YMCA Camp Greenknoll	ALL APPLICATIONS ARE DUE BY APRIL 23rd, 2022. If you are returning your application by mail please be sure that you allow plenty of time for delivery by April 23 rd , 2022. Due to the volume of anticipated applicants, we cannot accept applications after April 24th, 2022.
YMCA School Age Program	Application for the School Age Program are accepted on an ongoing basis. Once they are reviewed, you will be notified by email.

Completed application can be mailed to Regional YMCA of Western CT 2 Huckleberry Hill RD Brookfield, CT 06804	Completed application can be faxed to 203.740.9289 Attention: YMCA Camp Greenknoll or School Age
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The following are some of the components of the selection process:

- Application must be completed (fully) and received by the application deadline.
- Copies of executed Federal Tax Return (Form 1040) must be included.
- All household income must be reported.
- All application documents must be consistent (inconsistencies will be considered a "red flag").
- No documentation will be accepted which is in clear violation of any federal, state or local laws.
- All scholarship decisions are final.

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:

- At least 2 consecutive recent **pay stubs** or a statement of income from all employers,
- A copy of **your 2021 tax return**,
- Documentation of any other income (i.e. child support, alimony, social security, unemployment etc.),
- Letter explaining your need for financial assistance (optional),
- DO NOT INCLUDE:** Registration paperwork and/or medical forms.

PLEASE PRINT CLEARLY:

LAST NAME: _____

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

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ NUMBER OF CHILDREN APPLYING FOR SCHOLARSHIP: _____

CAMPER INFORMATION Campers must be at least 3 years old and fully toilet trained.

	Child's First Name	Child's Last Name	Child's Gender	Child's Age	Child's Date of Birth
Child #1					
Child #2					
Child #3					
Child #4					

PARENT/GUARDIAN INFORMATION

1. Name: _____ Phone: _____

Name of Employer: _____ Phone: _____

Email Address: _____

Employer Address: _____

Position: _____ Supervisor's Name: _____

Salary (before taxes and deductions): _____ (per hour/ per week/ per month /other _____)

2. Name: _____ Phone: _____

Email Address: _____

Name of Employer: _____ Phone: _____

Employer Address: _____

Position: _____ Supervisor's Name: _____

Salary (before taxes and deductions): _____ (per hour/ per week/ per month /other _____)

HOUSEHOLD INFORMATION Please list all the residents in your household. **Include all children and adults.**

Name	Relationship to applicant	Date of Birth	Age

SCHOLARSHIP REQUESTED

Number of weeks requested **per child**: _____ (cannot be left blank)

Amount you can pay **per child per week**: _____ (cannot be left blank)

MONTHLY INCOME	
Combined Monthly Wages:	
Other household income:	
Self- employment Income:	
Supplemental Income:	
Social Security Income:	
Unemployment Income:	
Alimony:	
Child Support:	
Other Sources: (Pensions, worker’s compensation, veterans benefits, etc.)	
Total:	

ANNUAL INCOME
Check the appropriate box regarding your annual household income.
<input type="checkbox"/> Under \$10,000 <input type="checkbox"/> \$10,001 - \$20,000 <input type="checkbox"/> \$20,001 - \$30,000 <input type="checkbox"/> \$30,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$60,000 <input type="checkbox"/> \$70,001 - \$80,000 <input type="checkbox"/> \$80,001 - \$90,000 <input type="checkbox"/> \$90,001 - \$100,000 <input type="checkbox"/> \$100,001 +

If you did not file a tax return or are unable to provide the required documentation please indicate the reason.

If you are applying for assistance for a child not listed on your tax return please indicate the reason.

The Regional YMCA of Western Connecticut would appreciate it if you would explain 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 Tuition Assistance 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. 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. Please briefly describe any special circumstances to help us understand your situation:

Please list any agencies from which you are receiving financial or support services.

1. Agency: _____ Type of Assistance: _____

Contact: _____ Title: _____ Phone: _____

Address: _____

2. Agency: _____ Type of Assistance: _____

Contact: _____ Title: _____ Phone: _____

Address: _____

3. Agency: _____ Type of Assistance: _____

Contact: _____ Title: _____ Phone: _____

Address: _____

REMEMBER- all applications are due by APRIL 24th, 2022. NO EXCEPTIONS!
Application for the School Age Program are accepted on an ongoing basis.

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. ADDITIONALLY, I UNDERSTAND THAT DUE TO THE VOLUME OF APPLICATIONS RECEIVED, THE Y IS UNABLE TO CONTACT INDIVIDUAL APPLICANTS REGARDING MISSING OR INCOMPLETE APPLICATIONS. I FURTHER UNDERSTAND THAT MY APPLICATION WILL BE DENIED IF I FAIL TO SUPPLY THE INFORMATION REQUESTED ABOVE OR IF THE INFORMATION PROVIDED IS INCONSISTENT OR VIOLATES LOCAL, STATE, OR FEDERAL LAW.

APPLICATNS MUST RESIDE IN THE CURRENT SERVICE ARES OF THE REGIONAL Y. STATUS OF CURRENT AND PAST Y ACCOUNTS AND PRIOR PARTICIPATION IN Y PROGRAMMING MAY BE TAKEN INTO CONSIDERATION.

Signature: _____ Date: _____

Print Name: _____