



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

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

FAMILY LAST NAME: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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. You will be notified by mail regarding this request.*

**Registration is not guaranteed as spaces fill quickly.** You should receive your decision letter by March 31st. At that time, we advise you to register as soon as possible. If you choose to **register online**, you MUST contact call 203.775.4444 ext. 109 or email [campgk@regionallymca.org](mailto:campgk@regionallymca.org) with a copy of your decision letter in order for your financial aid to be deducted from your tuition.

If you choose to **register in person or via mail with our paper registration**, you MUST submit a COPY of your decision letter with your registration.

**If you do not submit your copy of the decision letter, your tuition assistance will not be applied to your account.**

**ALL APPLICATIONS ARE DUE BY March 11<sup>th</sup>, 2024.**

If you are returning your application by mail please be sure that you allow plenty of time for delivery by March 11<sup>th</sup>, 2024.

**Due to the volume of anticipated applicants, we cannot accept applications after March 11<sup>th</sup>, 2024.**

Registration will be accepted. A \$35 per week deposit is required at the time of registration. Deposit will be deducted from your weekly fee. You must return the tuition assistance letter before funds can be applied.

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 emailed to [campgk@regionallymca.org](mailto:campgk@regionallymca.org)**

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").
- Documents that is clear violation of the law will not be accepted.
- All scholarship decisions are final.

**Applications that are not complete cannot be processed and will be denied assistance. 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 2022 or 2023 tax return**,
- ☐ Documentation of any other income (i.e. child support, alimony, social security, unemployment etc.),
- ☐ Letter explaining your need for financial assistance (optional),

**PLEASE PRINT CLEARLY:**

CAMPER'S LAST NAME: \_\_\_\_\_

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

\_\_\_\_\_

NUMBER OF CHILDREN APPLYING FOR SCHOLARSHIP: \_\_\_\_\_

**CAMPER INFORMATION**

Camper must be at least 3 years old and fully toilet trained.

	First Name	Last Name	Grade
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)

**If any part of the application is left blank, it will be ineligible for processing and it will be returned.**

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.)	
<b>Total:</b>	

ANNUAL INCOME	
Check the appropriate box regarding your <b>annual</b> 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 +

<b>Monthly Expenses</b> List All Monthly Expenses	
<b>TOTAL EXPENSES:</b>	

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

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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: \_\_\_\_\_

**This is not a registration form. Registration forms be submitted separately, and a copy of your decision letter must be submitted to the camp for any funds awarded to be applied to your account.**

**REMEMBER- all applications are due by March 11<sup>th</sup>, 2024. NO EXCEPTIONS!**

I ATTEST THAT ALL OF THE INFORMATION ON THIS FORM IS TRUTHFUL AND ACCURATE. I UNDERSTAND THAT FALSE INFORMATION WOULD RESULT IN A 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.

APPLICATANS 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: \_\_\_\_\_