

# **FINANCIAL ASSISTANCE PROGRAM** Regional YMCA of Western Connecticut

The Regional YMCA of Western Connecticut believes in providing memberships and programs for all. We provide financial assistance for all adults, teens, young adults, seniors, couples, single parent families and families who cannot afford the full cost of a Y membership.

Financial Assistance is available through the generosity of Y contributors. Our goal is to have sufficient funds to ensure our Y remains accessible through our Financial Assistance Program. Each application is reviewed on a case-by-case basis.

#### 1. Regional YMCA of Western Connecticut Financial Assistance Application

Adults, teens, young adults, seniors, couples, single parent families and families may apply for financial assistance at any time. Applications are available at the YMCA Front Desk or may be downloaded from the <u>www.regionalymca.org</u> website. Complete the form and return your application to the Greenknoll Branch of the Y. Your information will be held in complete confidence and will be seen only by the necessary staff.

Financial assistance is provided to applicants who meet criteria established by the Regional YMCA of Western Connecticut. Recipients are expected to be responsible for a percentage of the membership cost. The financial information requested must be included with your application. Incomplete applications will be returned. Once the application is received complete, it will take approximately 30 days to be processed. You will be notified by mail or email of your application status.

#### 2. Programs

For Family/Single Parent memberships, <u>children</u> are eligible for 35% financial assistance to cover the cost of one (1) class per child, per session. Assistance for these programs is given in addition to the membership. Assistance is not given just for classes.

There are a few programs that we are unable to provide financial assistance for, such as, but not limited to, personal training, private swim lessons, Nutrition, Special Events, etc.

### Frequently Asked Question about the YMCA Financial Assistance Policy

- Who is Eligible? The YMCA seeks to serve those individuals and families who would benefit from involvement in our membership and programs, but for various reasons are unable to pay for the services.
- What programs are included? Most YMCA programs can be included in our financial assistance program. This includes membership, and most of our sports, fitness and aquatic classes. Some specialty classes and those offered to YMCA participants by outside organizations are not included.
- How much financial assistance will be awarded? When determining what portion of your fees will be subsidized, we take into consideration your total household income, expenses, number of people in your family/household, and any special circumstances which affect your ability to pay.
- How long does the assistance continue? It covers 6 months, at which time it will be reviewed for another 6 months if usage warrants.

# **APPLICATION**

Date of Application: Applicant's DOB:	
Applicants Name:	
Address:	
City:	State: Zip:
Phone: (H)	(C)
Email:	
Please check best way to be reached: E	By Email: By Phone: home cell
Additional Family Information if Applicab	le:
Spouse:	DOB:/
Child's Name:	DOB:/
Child's Name:	DOB://
Child's Name:	DOB://
Child's Name:	DOB:/
Emergency Contact: (other than pers	
Type of Assistance (check only one	2)
Adult Membership (26 years and ol	der)
Teen (13 through 17 years of age)	
Young Adult (18 through 26 years o	of age)
Senior (65 and older)	
Senior Couple (2 adults, at least on	e being 65 or older, <mark>living in the same household</mark> )
Single Parent Family (1 adult and al	l children <mark>in the same household</mark> through 21 years of age)
Family (2 adults and all children in t	the same household through 21 years of age)
Adult Couple (2 adults living in the	same household)

Please tell us a little about your circumstances and why you chose the YMCA:

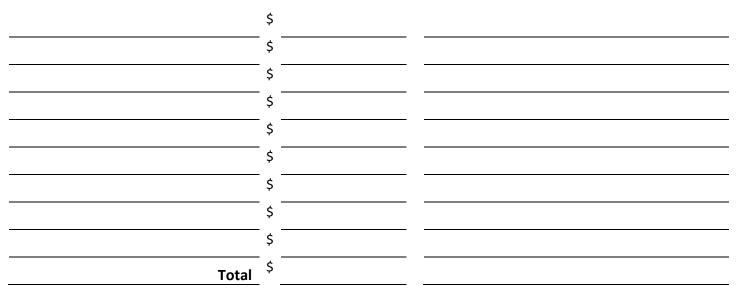
## **Household Income Information**

Total monthly income of:	
Applicant:	\$
Spouse:	\$ 
Child Care Subsidy	\$ 
Child Support	\$ 
State of Federal Aid	\$ 
Other Income/Sources	\$ 
Total	\$ 

### **Household Expense Information:**

Notes

Notes



### What amount do you feel you can afford to pay monthly? \$\_\_\_\_\_

If you have any questions, contact Membership Dept./Financial Assistance at 203.775.4444.

Thank you for your interest in the Regional YMCA of Western Connecticut!