



**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. We advise you to register as soon as possible. After **registering online**, you MUST contact call 203.775.4444 ext. 109 or email [campgk@regionalyymca.org](mailto:campgk@regionalyymca.org) with a copy of your decision letter for your financial aid to be deducted from your tuition.

**Families applying for Tuition Assistance may register before a final decision is made. A \$40 deposit for each week is required at the time of registration.**

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

**ALL APPLICATIONS ARE DUE BY March 14<sup>th</sup>, 2025.**

If you are returning your application by mail, please be sure that you allow plenty of time for delivery by March 14<sup>th</sup>, 2025.

**Due to the volume of anticipated applicants, we cannot accept applications after March 14<sup>th</sup>, 2025.**

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@regionalyymca.org](mailto:campgk@regionalyymca.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 are in 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 the following:**

- At least 2 consecutive recent **pay stubs** or a statement of income from all employed adults listed on your tax return,
- A copy of **your 2023 or 2024 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: \_\_\_\_\_

<b>CAMPER INFORMATION</b> Campers must be at least 3 years old and fully toilet trained.		
	First Name	Last Name
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: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

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

<b>HOUSEHOLD INFORMATION</b> Please list all the residents in your household. <b>Include all children and adults.</b>			
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)

<b>MONTHLY INCOME</b>	
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>	

<b>ANNUAL INCOME</b>
Check the appropriate box regarding your <b>annual</b> household income.

- Under \$10,000
- \$10,001 - \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- \$70,001 - \$80,000
- \$80,001 - \$90,000
- \$90,001 - \$100,000
- \$100,001 +

<b>Monthly Expenses</b> List All Monthly Expenses	
Expense	\$ amount
<b>Total Monthly Expenses</b>	

Complete all the information.  
  
Application with incomplete sections may be denied.

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.

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If you have received Tuition Assistance in previous years, please share 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 anonymously, without including any names or personal information that would identify you or your child.

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

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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. Online registration must be done separately, and a copy of your decision letter must be submitted to the camp in order for any funds awarded to be applied to your account.**

**REMEMBER- all applications are due by March 14<sup>th</sup>, 2025. 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: \_\_\_\_\_