



Regional YMCA of Western CT  
School Age Program  
Tuition Assistance Application

Please Print Clearly

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

This is an application form for Tuition Assistance 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.

Completed application can be mailed to

Completed application can be mailed to: <b>Regional YMCA of Western CT 2</b> <b>Huckleberry Hill RD Brookfield, CT 06804</b>	Completed application can be faxed to <b>203.740.9289 Attention: YMCA School Age</b> <b>Program or emailed to</b> <b>sturner@regionalyymca.org</b>
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**The following are some of the components of the selection process:**

- Application must be completed fully.
- 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. 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 2025 or 2026 tax return
- Documentation of any other income (i.e. child support, alimony, social security, unemployment etc.)
- Letter explaining your need for financial assistance (optional).



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CHILD'S INFORMATION						
	First Name	Last Name	Date of Birth	Gender	Race	Grade in Fall
Child #1						
Child # 2						
Child #3						
Child #4						

**PARENT/GUARDIAN INFORMATION**

1. 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\_\_\_\_\_)

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\_\_\_\_\_)



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HOUSEHOLD INFORMATION Please list all the residents in your household. Include all children and adults.		
Name	Relationship to applicant	Age

**ASSISTANCE REQUESTED**

Amount you can pay per child per week: \_\_\_\_\_ (cannot be left blank)

Annual Income	Monthly Income	
<input type="checkbox"/> 10,000 – 20,000	Combined Monthly Income	
<input type="checkbox"/> 20,001 – 30,000	Other household income:	
<input type="checkbox"/> 30,001 – 40,000	Self-employment Income:	
<input type="checkbox"/> 40,001 – 50,000	Supplemental Income:	
<input type="checkbox"/> 50,001 – 60,000	Social Security Income:	
<input type="checkbox"/> 60,001 – 70,000	Unemployment Income:	
<input type="checkbox"/> 70,001 – 80,000	Alimony:	
<input type="checkbox"/> 90,000 – 90,001	Child Support:	
<input type="checkbox"/> 100,000 +	Other Sources:	
	Total:	

Monthly Expenses List All Monthly Expenses			
<b>Total</b>		<b>Total</b>	
		<b>Grand Total</b>	



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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 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 will 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:

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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: \_\_\_\_\_

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 REGIONAL YMCA OF WESTERN CT. 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.

APPLICANTS MUST RESIDE IN THE CURRENT SERVICE AREA OF THE REGIONAL YMCA OF WESTERN CT. STATUS OF CURRENT AND PAST Y ACCOUNTS AND PRIOR PARTICIPATION IN Y PROGRAMMING MAY BE TAKEN INTO CONSIDERATION.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_