

**REGIONAL YMCA OF WESTERN CONNECTICUT
TUITION ASSISTANCE APPLICATION
GREAT HOLLOW PROGRAMS**

CONFIDENTIAL

The Regional YMCA of Western Connecticut will not deny participation to any of our activities whenever financially feasible because of an individual's lack of funds.

Prerequisite to services - any person who is in sympathy with the purpose of the Association may become eligible for a service and enjoy its privileges by fulfilling the requirements as established by the Board of Directors.

This is an application form for financial aid toward program fees at Great Hollow Wilderness School a branch of 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, program fees will be awarded to applicants.

Please complete the information in as much detail as possible and return the form to:

**Great Hollow Wilderness School
225 Route 37
New Fairfield, CT 06812**

PLEASE PRINT CLEARLY:

LAST NAME: _____

NUMBER OF CHILDREN APPLING FOR SCHOLARSHIP: _____

ADDRESS: _____ APT. # _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (_____) _____

FOR OFFICE USE ONLY:
APPROVED _____ **DENIED** _____

AMOUNT OF SCHOLARSHIP _____

CHILD'S INFORMATION

1. Child's Name: _____ Sex: _____
Age: _____ D.O.B: _____ Home Phone: _____

2. Child's Name: _____ Sex: _____
Age: _____ D.O.B: _____ Home Phone: _____

3. Child's Name: _____ Sex: _____
Age: _____ D.O.B: _____ Home Phone: _____

4. Child's Name: _____ Sex: _____
Age: _____ D.O.B: _____ Home Phone: _____

PARENT/GUARDIAN INFORMATION

Parent(s)/Guardian(s) with whom the child resides: _____

1. Father's Name: _____

Phone #: _____ Marital Status: _____

Name of Employer: _____ Phone: _____

Address: _____

Position: _____ How long have you been employed? _____ Yrs.

2. Mother's Name: _____

Phone #: _____ Marital Status: _____

Name of Employer: _____ Phone: _____

Address: _____

Position: _____ How long have you been employed? _____ Yrs.

HOUSEHOLD INFORMATION

How long have you lived at your current address? _____ Yrs. _____ Mths.

Do you rent or own? _____

List previous address if less than 2 years at present address:

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

How long did you lived at this address? _____ Yrs. _____ Mths.

How many dependents do you have and what are their ages? Include children and other adults in your household.

Name	Relationship	Date of Birth	Age

Please check appropriate box regarding your annual household income.

<input type="checkbox"/> Under \$10,000	Combined Monthly Income: _____ Alimony: _____ Child Support: _____ Other Sources: _____ Total: _____
<input type="checkbox"/> \$10,000 - \$15,000	
<input type="checkbox"/> \$15,001 - \$20,000	
<input type="checkbox"/> \$20,001 - \$25,000	
<input type="checkbox"/> \$25,001 - \$30,000	
<input type="checkbox"/> \$30,001 - \$35,000	
<input type="checkbox"/> \$35,001 - plus	

List All Monthly Expenses:

Item	\$ Amount	Item	\$ Amount
Total Expenses			

Please list any agency's from which you are receiving financial or support services

1. Agency: _____ Phone: _____
Address: _____ Apt. # _____
City: _____ State: _____ Zip: _____
Contact: _____ Title: _____

2. Agency: _____ Phone: _____
Address: _____ Apt. # _____
City: _____ State: _____ Zip: _____
Contact: _____ Title: _____

TYPE OF SCHOLARSHIP REQUESTED

Program you are requesting funding for: _____

Amount you can pay **per child**: \$ _____

Have you applied for financial assistance at the Regional YMCA previously? _____

If so, when? _____

How did you hear about the YMCA scholarship program?

The Regional YMCA of Western Connecticut would appreciate it if you would attach a letter written to us, explaining what positive effect this scholarship will have on your family and why it is important for you and your child to receive this assistance. If you have been awarded scholarship funds 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. Some agencies may publish your letter to assist in the process of raising money or for other purposes. 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. If you do not wish to have your letter published, please indicate so in your letter.

Scholarship funds are not guaranteed and may be subject to change at any time. This service is a privilege and is extended only to those who maintain and support the regulations and purposes of the YMCA. The YMCA has the right to revoke this service from the recipient should a problem occur which would jeopardize the quality or safety of another member's participation.

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:

- Recent pay stubs or a statement of income from all employers.
- A copy of the previous year's tax return.
- Verification of any other income (i.e. child support, alimony, social security, etc.).
- Letter explaining you need for financial assistance.
- Completed Tuition Assistance Application.

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.

Signature: _____ Date: _____

Print Name: _____