

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

**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 day camp fees at Greenknoll Day Camp, part 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, day camp fees will be awarded to applicants.

**ALL APPLICATIONS ARE DUE BY APRIL 30<sup>th</sup>, 2008.** No applications will be accepted after this date. If you are returning your application by mail please be sure that you allow plenty of time for delivery by April 30<sup>th</sup>, 2008- **NO EXCEPTIONS WILL BE MADE FOR LATE APPLICATIONS.**

Please complete the information in as much detail as possible and return the form to the Greenknoll YMCA front desk. A scholarship committee will review your application and you will be notified by mail regarding this request.

**PLEASE PRINT CLEARLY:**

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

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

\_\_\_\_\_

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_

**CAMPER INFORMATION**

1. Child's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Child's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. Child's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**AMOUNT OF SCHOLARSHIP REQUESTED**

Your work schedule: \_\_\_\_\_ Total hours you work: \_\_\_\_\_

Number of weeks requested per child: \_\_\_\_\_

Amount you can pay **per child per week**: \$ \_\_\_\_\_

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

If so, when? \_\_\_\_\_

How did you hear about the YMCA scholarship program?

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_



Please check appropriate box regarding your annual household income.

<input type="checkbox"/> Under \$10,000	Combined Monthly Income: _____
<input type="checkbox"/> \$10,000 - \$20,000	Alimony: _____
<input type="checkbox"/> \$20,001 - \$30,000	Child Support: _____
<input type="checkbox"/> \$30,001 - \$40,000	Other Sources: _____
<input type="checkbox"/> \$40,001 - \$50,000	Total: _____
<input type="checkbox"/> \$50,001 - \$60,000	
<input type="checkbox"/> \$70,001 - plus	

List All Monthly Expenses:

Item			\$ Amount/Month
<b>Total Expenses</b>			

Please list any agency's from which you are receiving financial or support services. A letter of verification must be provided giving the amount of such assistance.

1. Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

2. Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

The Regional YMCA of Western Connecticut would appreciate it if you would attach a letter written to us, explaining 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 campership 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, such as The News-Times Campership Fund, 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.

The Camp Director and the appropriate committee review tuition assistance annually. 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 your 2007 tax return.
- Verification of any other income (i.e. child support, alimony, social security, etc.).
- Letter explaining you need for financial assistance (optional)
- Completed Tuition Assistance Application.
- DO NOT RETURN YOUR REGISTRATION OR MEDICAL FORMS AT THIS TIME!  
PLEASE WAIT FOR A LETTER REGARDING THE STATUS OF YOUR  
APPLICATION!**

**REMEMBER- all applications are due by APRIL 30<sup>th</sup>, 2008. NO EXCEPTIONS!**

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. **I FURTHER UNDERSTAND THAT MY APPLICATION WITH BE DENIED WITHOUT REVIEW OF THE SCHOLARSHIP COMMITTEE IF I FAIL TO SUPPLY THE INFORMATION REQUESTED ABOVE.**

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

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