

MEMBERSHIP FOR ALL

We Work Side by Side With Our Neighbors



Financial Assistance

The Regional YMCA of Western Connecticut believes in providing memberships and programs for all. That's why we here at the Y provide financial assistance for children, teens, adults and families who cannot afford the full cost of Y membership.

Ensuring no one is ever turned away

1. **Get started by printing the [Financial Assistance application below.](#)**

Complete the form, and attach a copy of your most recent tax return, and last 2 pay stubs or required income verification.

Then return your application with supporting documents to ESCAPE to the Arts, or Greenknoll Branch.

2. **Allocation** Your information will be held in complete confidence and will be seen only by Y staff.

3. **Our Policy** YMCA membership and programs are open to everyone. When the costs of our services prevent an individual or family from participating, the YMCA will offer financial assistance, as funds are available to those who are eligible.

Financial assistance is provided to applicants who meet criteria established by the Regional YMCA of Western Connecticut.

This includes family size, household income, expenses and extenuating circumstances.

4. **Recipients** are typically expected to be responsible for a percentage of the membership cost. Qualification for assistance is reviewed annually.

- Please allow 30 days for processing.
- Financial Aid for membership must be updated quarterly to ensure that you are using the facility.
- Financial Aid for programs must be applied for through our Program Directors.

If you have any questions, contact:

Greenknoll Membership Director 203.775.4444 x110

ESCAPE to the ARTS Program Director 203.794.1413



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Dear Applicant:

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

Please take a moment to read through the attached material before you fill out the attached application.

The financial information requested must be included with your application. Incomplete applications will not be reviewed until your financial documentation has been provided. Once your application is complete, it will take approximately 30 days to be processed. You will be notified by mail of your application status.

Please note that due to high demand, we are limited to the number of scholarships we can award. We try to serve as many applicants as possible and review each application on a case-by-case basis.

If you have any questions, please do not hesitate to contact the Branches. Thank you again for your interest in the Regional Y.

Sincerely,

Scholarship Committee

REGIONAL YMCA OF WESTERN CONNECTICUT

www.regionallymca.org

Financial Assistance for YMCA Membership & Programs

Financial Assistance Policy

YMCA membership and programs are open to everyone. When the costs of our services prevent an individual or family from participating, the YMCA will offer financial assistance, as funds are available to those who are eligible.

Eligibility

Financial assistance is provided to applicants who meet criteria established by the Regional YMCA of Western Connecticut. This includes family size, household income, expenses and extenuating circumstances.

Application Procedures

Individuals and families may apply for financial assistance at any time. Applications are available at the YMCA front desk. Specific financial information is requested in the application and must be submitted before any fee assistance can be awarded. Once the application is received, the applicant will be notified of assistance within 30 days.

Confidentiality

All information submitted is considered confidential and will be seen only by staff administering the financial assistance policy. In no way will you or anyone receiving assistance be identified publicly.

Frequently Asked Questions 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 programs or membership, 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 and Escape to the Arts. Some specialty classes and those offered to YMCA participants by outside organizations are not included. You must contact the appropriate director directly for information (the Front Desk Staff can assist you in directing you the correct person).

How much financial assistance will I get?

When determining what portion of your fees will subsidize, we take into consideration your income, expenses, number of people in your family/household, any special circumstances, which affect your ability to pay. We ask that most people pay something.

Why do you require documentation of my income and expenses?

We want to be sure that our limited financial assistance dollars go to those who are genuinely in need. With the information you provide, we can award assistance in a fair and consistent manner.

How long does the assistance continue?

The period of coverage will be included on a letter you receive from us. It generally covers one year at which a new Application must be submitted.



FINANCIAL ASSISTANCE APPLICATION

Regional YMCA of Western Connecticut

Branch Applying for:**Brookfield (Greenknoll Branch)** Wellness**Danbury (ESCAPE to the Arts)** Arts Membership Only**Type of Membership (Choose only one):**

- Family
- Adult Couple
- Single Parent Family
(Greenknoll only)
- Adult (27 – 64 yrs)
- Senior Citizen (65 yrs+)
- Senior Citizen Couple
(Greenknoll only)
- Young Adult (18-26 yrs)
- Teen (13-17 yrs)
- Youth (0-12 yrs)

PRIMARY MEMBER

Last Name		First Name		Initial	Birth Date	Sex M / F	
Street Address			Apt #	City		State	Zip
Home Phone		Cell Phone		E-Mail Address			
Employer		City		State	Work Phone		

2nd ADULT MEMBER

Last Name		First Name		Initial	Birth Date	Sex M / F	
Cell Phone		E-Mail Address					
Employer		City		State	Work Phone		

EMERGENCY CONTACT

Last Name		First Name		Phone Number
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HOUSEHOLD MEMBER(S) INFORMATION

First Name	Initial	Last Name	Birth Date	Age	Gender
			/ /		M / F
			/ /		M / F
			/ /		M / F
			/ /		M / F
			/ /		M / F
			/ /		M / F

Ethnicity: White Black Hispanic Bi-Racial Other: _____

In addition to English, would you prefer your response to be in: Spanish Portuguese

RELEASES AND WAIVERS OF LIABILITY

The undersigned member hereby assumes and agrees that the Regional YMCA of Western Connecticut, Inc., its Officers, Directors, Employees, and Independent Contracting Staff (Regional Y) are not liable for, responsible for, and does not assume any liability, responsibility, or obligations for any and all claims, damages, obligations, injuries, accidental or otherwise, including actions or omissions by other persons, which may happen or occur upon the premises of the Regional Y prior to, during, while participating in, or subsequent to any Y activity. The undersigned member acknowledges that the Regional Y does not carry an accident or health insurance policy on a member at any time. The Regional Y is not liable for loss or theft to property of a member.

The undersigned member hereby discharges, releases and waives the Regional Y from any and all irresponsibility in connection therewith.

The undersigned member hereby acknowledges that open, family, adult, or other blocks of designated time are unsupervised and that the Regional Y does not provide, warrant, or assume any responsibility for such supervision. The Regional Y advises the undersigned members that he/she may not drop off or leave children unattended at any time, except for the time they are registered and actually participating in a class or program. Parent or guardian must remain in the building during these times.

Photographs of participants in Regional Y activities may be taken and used for promotion of the Regional Y in newspapers, magazines, or other printed or published material. Participation in Regional Y activities includes the consent of both you and your family to be photographed and for the use of such photographs by the Regional Y UNLESS YOU NOTIFY THE REGIONAL Y IN WRITING PRIOR TO PARTICIPATION.

Informed Consent & Waiver for Wellness Center (Anyone 13 years of age and older)

The undersigned member hereby consents to participate, as a member of the Regional Y, in the Wellness Center, that will include the Strength Training Area and the Cardiovascular Area.

I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in the Wellness Center. I fully understand that physical exercise has been associated with certain risks, including but not limited to musculoskeletal injury, spinal injuries, abnormal blood pressure response, and in rare instances, heart attack or death.

I have read and understand the foregoing consent to participate in the Wellness Center. I am aware that I may discontinue participation in the Wellness Center at any time I see fit to do so. If at any time I have questions concerning the content, policies, or procedures regarding the Wellness Center, I will discuss them with the Wellness Staff or the Program Supervisor. I understand that the Cardiovascular and Strength Training areas at the Greenknoll Branch and the Boughton Street Wellness Center are periodically unsupervised. In case of an emergency, use the phone to call the front desk.

I agree to take full responsibility for my own well-being and am of good physical condition. Any information that is obtained regarding my fitness level, medical history, and personal information will be treated as privileged information and confidential and will not be released or revealed to any other person, other than my physician or program supervisor (for record keeping purposes) without my expressed written consent.

I release, discharge, and waive all responsibility of the Regional YMCA of Western Connecticut from and against any liability that may occur due to the participation in the Wellness Center.

This agreement by the undersigned member is for him/herself, his/her heirs, executors, administrators, successors and assigns, and for minor children which he/she may by guardian or conservator of.

Signature: _____

Date: _____

** OFFICE USE ONLY ** To be completed at time of Activation AUTHORITY TO CHARGE FOR MEMBERSHIP PAYMENTS

Payment Type: Banking (EFT) Credit Card Draft Date: 1st 15th SCANNED INTO DAXKO Staff Initial: _____

Checking Account

Savings Account

Routing Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Voided Check MUST be Attached

Bank Name: _____

Visa

MasterCard

CC Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Discover

American Exp.

Expiration Date:

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Month

Year

I have given authority to the above listed Bank and Credit Card company to honor preauthorized payments drawn by the Regional Y on my account for membership payments as indicated above. It is understood that the Regional Y's sending of a preauthorized payment to the Bank or Credit Card company as payment becomes due shall constitute valid notice of such payment due on this membership. When the Bank or Credit Card company honors the payment by charging my account, such payment shall constitute my receipt. Should any preauthorized payment not be honored by said Bank or Credit Card company when received by them, then it is understood that payment is to be made by me in the amount of said payment.

1. This is a continuous membership plan. It is to my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a **30 DAY WRITTEN NOTICE**.
2. Should any membership draft not be honored by my Bank or Credit Card Company for any reason, I realize that I am responsible for that payment plus a **\$15 SERVICE CHARGE** applied by the Regional Y and any service fee my Bank or Credit Card Company may make.
3. All billing discrepancies must be reported within **90 days** of the original transaction date. Automatic drafts will be withdrawn on the business day closest to my assigned draft date. If the Regional Y's first attempt to charge my card is declined, the Regional Y reserves the right to retry the charge within 5 business days of original attempt.
4. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least a four week notice prior to any such change.
5. Membership cards are the property of the Regional Y and must be surrendered upon demand of this institution. Lost cards will be replaced for a \$5 fee.

Initial

Print Name as it Appears on Bank Account/Credit Card: _____

Signature: _____

Date: _____

PROGRAMS

For those individuals that are interested in taking classes, **financial aid will cover 50%** of the cost of up to 2 classes per session per individual. Assistance for these programs is given in addition to the membership. There are a few programs that we are unable to provide financial assistance for: such as, personal training, Fit in 12 and private swim lessons. For further details or questions, please contact the branches.

- Physical Programs
 Aquatic Programs
 Art Programs

MONTHLY FINANCIAL INFORMATION

To determine your eligibility for financial assistance and the amount the YMCA will subsidize, please complete the following and include a copy of each of the following documents.

If Employed or Own on Business

- 1 month of current pay stubs
- Current State Tax Return
- Current Federal Tax Return
- Profit or Loss section of current Tax Return

If not employed

- Unemployment benefit
- Verification from Medical or Social Service professional
- Retired: Social Security Income
- Retired: Pension/Retirement
- Current State Tax Return
- Current Federal Tax Return

Receive State or Federal Assistance

- Social Security Income
- General Assistance (Cash)
- Food Stamp

Other

- Child Support
- Alimony

A copy of your financial documents MUST accompany the application for the review process.

Household Income Information

Total monthly wage of:

Applicant \$ _____

Spouse \$ _____

Child Care Subsidy \$ _____

Child Support \$ _____

State or Federal Aid \$ _____

Other Income / Source \$ _____

TOTAL \$ _____

Notes

Household Expenses Information

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL \$ _____

Notes

Amount you can pay monthly? \$ _____

