



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial Assistance Application ESCAPE to the Arts

2016-2017

Dear Applicant:

Thank you for your interest in the Regional YMCA's **ESCAPE to the Arts** program.

Please read through the attached material before you fill out the 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 Bill McNamara at (203) 794-1413 ext. 101.

Thank you again for your interest in the YMCA's ESCAPE to the Arts program.

Sincerely,

Bill McNamara

Youth & Teen Director
Regional YMCA/ESCAPE to the Arts

293 Main Street, Danbury, Connecticut 06810
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Financial Assistance Application ESCAPE to the Arts

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 ESCAPE to the Arts 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 ESCAPE to the Arts 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.

This includes:

- Deserving and needy youth to participate in ESCAPE to the Arts programs.
- Adults who are out of work or disabled, and their families.
- Youth and families referred by schools, churches and other agencies.

What programs are included?

Most YMCA ESCAPE to the Arts programs can be included in our financial assistance program. 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 we will subsidize, we take into consideration your income, expenses, number of people in your family/household, and 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 a period of 6 months to which a new application must be submitted.



FINANCIAL ASSISTANCE APPLICATION

Regional YMCA of Western Connecticut – ESCAPE to the Arts Branch

Applicant Applying for Assistance (adult):

Name: _____ D.O.B: _____ Race: _____
Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____
Phone: _____ Other: _____
E-mail: _____

Employment Information:

Employer: _____ Phone: _____
Address: _____ City: _____

Emergency Contact Information:

Name: _____ Phone: _____

Spouse Information:

Name: _____ D.O.B: _____ Race: _____
Employer: _____

Dependent's Information:

Include all dependents including children and other adults in household.

Name: _____ M / F D.O.B: _____ Race: _____
Name: _____ M / F D.O.B: _____ Race: _____
Name: _____ M / F D.O.B: _____ Race: _____
Name: _____ M / F D.O.B: _____ Race: _____
Name: _____ M / F D.O.B: _____ Race: _____
Name: _____ M / F D.O.B: _____ Race: _____

Name of person desiring a program:

Name: _____ Program: _____
Name: _____ Program: _____
Name: _____ Program: _____
Name: _____ Program: _____

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.

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

- Federal Tax Return**
- Two most recent pay stubs**
- Verification of state or federal assistance (SSI, General Assistance, Food Stamps, etc.)**

Household Income Information

Income Notes

Total monthly wage of:

Applicant	\$		
Spouse	\$		
Child Care Subsidy	\$		
Child Support	\$		
State or Federal Aid	\$		
Other Income / Source	\$		
TOTAL	\$		

Household Expenses Information

Income Notes

	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
TOTAL	\$		

Amount you can pay for program? \$ _____

Please Read & Sign

The undersigned member hereby assumes and agrees that the Regional Y of Western Connecticut, Inc., its Officers, Directors, Employees, and Independent Contracting Staff (Regional YMCA) 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 Regional Y activity. The undersigned member acknowledges that the Regional Y does not carry an accident or health insurance policy on the member at any time. The Regional Y is not liable for loss or theft to property of the member.

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

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

Signature: _____ Date: _____

CHECKLIST:

- _____ Each section of this application MUST be completed
- _____ Attach 2016 Federal Tax Return
- _____ Attach two most recent pay stubs
- _____ Attach Verification of state or federal assistance (SSI, General Assistance, Food Stamps)
- _____ Attach Registration Form of program you are applying for

FOR OFFICE USE ONLY:

Date of award: _____

_____ **\$25 Registration Fee**

Financial Aid Award (% YMCA pays): _____ %

Tuition Rate \$_____/a day