



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE PROGRAM

Regional YMCA of Western Connecticut

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

Ensuring no one is turned away

Through the generosity of Y contributors, our goal is to have sufficient funds to ensure our Y remains accessible through our Financial Assistance Program. These gifts provide scholarships for Adults, Teens, Young Adults, Senior's, Senior Couples, Single Parent Families and Families who want to utilize the facility, but cannot afford it. Each application is reviewed on a case-by-case basis.

1. YMCA of Western Connecticut Financial Assistance Application

Adults, Teens, Young Adults, Senior's, Senior Couples, Single Parent Families and Families may apply for financial assistance at any time. Applications are available at the YMCA front desk or may be downloaded from www.regionallymca.org website. Complete the form, and attach a copy of your most recent tax return and the last 2 pay stubs (4 if paid weekly) or required income verification. Return your application with supporting documents to the Greenknoll Branch in the attached envelope. Your information will be held in complete confidence and will be seen only by the necessary staff.

2. Our Policy

YMCA membership and programs are open to everyone. When the cost 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 families, single parent families, adults, teens, young adults, senior's and senior couples who have household income, expenses, and extenuating circumstances. The financial information

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

3. Recipients

Recipients are expected to be responsible for a percentage of the membership cost, and required total usage per month (each adult minimum of 8 times a month, children minimum 4 times a month). Assistance is not given just to receive discounts for classes. Membership may be terminated after notification if requirements are not met. Qualification for assistance is reviewed annually.

4. Programs

For those individuals that are interested in taking classes, **financial aid will cover 50%** of the cost of one (1) class per person per session. Assistance for these programs is given in addition to the membership. Assistance is not given just for classes. There are a few programs that we are unable to provide financial assistance for: such as, but not limited to, personal training, private swim lessons, Nutrition, Fit In 12. For further details or questions, please contact the Financial Assistance Coordinator.

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 membership and programs, 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. Some specialty classes and those offered to YMCA participants by outside organizations are not included.

How much financial assistance will be awarded? When determining what portion of your fees will be subsidized, we take into consideration your **total** household income, expenses, number of people in your family/household and any special circumstances which affect your ability to pay.

Why do you require documentation of my income and expenses? We want to be sure that our 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? It covers one year at which time it is your responsibility to update your Application prior to the renewal date. Your membership will go to **full price** if you do not renew your Financial Assistance Application. If you qualify **one program per individual per session can receive a discount on aquatic/physical classes during the duration of your membership.**

Regional YMCA of Western Connecticut - Greenknoll Branch

Type of Assistance (check one only)

- Adult Membership (26 years and older)
- Teen (13 thru 17 years of age)
- Young Adult (18 thru 26 years of age)
- Senior (65 and older)
- Senior Couple (2 adults at least one being 65 or older living in the same household)
- Single Parent Family (1 adult and all children in the same household thru 21 years old)
- Family (2 adults and all children in the same household thru 21 years of age)
- Adult Couple (2 adults living in the same house hold)

Date of Application: ____/____/____

Applicants DOB: ____/____/____

Applicants Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (C) _____

Email: _____

Please check best way to be reached: By Phone: home cell by Email

Additional Family Information if Applicable:

Spouse: _____ DOB: ____/____/____

Childs Name: _____ DOB: ____/____/____

Childs Name: _____ DOB: ____/____/____

Childs Name: _____ DOB: ____/____/____

Childs Name: _____ DOB: ____/____/____

Emergency Contact: (other than person included in application)

Name: _____ Phone #: _____

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 a Business	If not Employed	Receive State or Federal Assistance
<input type="checkbox"/> 1 month of current pay stubs	<input type="checkbox"/> Unemployment benefit	<input type="checkbox"/> Social Security Income
<input type="checkbox"/> Current State Tax Return	<input type="checkbox"/> Verification from Medical	<input type="checkbox"/> General Assistance(cash)
<input type="checkbox"/> Current Federal Tax Return		<input type="checkbox"/> Food Stamps
<input type="checkbox"/> or Social Service professional	<input type="checkbox"/> Retired: Social Security Income	
<input type="checkbox"/> Profit or Loss section or current	<input type="checkbox"/> Retired: Pension/Retirement	Other
<input type="checkbox"/> Tax Return	<input type="checkbox"/> Current State Tax Return	<input type="checkbox"/> Child Support
	<input type="checkbox"/> Current Federal Tax Return	<input type="checkbox"/> Alimony

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

Household Income Information

Notes

Total monthly Income of:		_____
Applicant	\$ _____	_____
Spouse	\$ _____	_____
Child Care Subsidy	\$ _____	_____
Child Support	\$ _____	_____
State or Federal Aid	\$ _____	_____
Other Income/Source	\$ _____	_____
TOTAL	\$ _____	

OVER FOR MORE INFORMATION

Household Expenses Information

Notes

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
TOTAL	\$ _____	

What amount do you feel you can afford to pay monthly?

\$ _____

If you have any questions, contact:

Greenknoll Financial Assistance Coordinator 203-775-4444 Ext. 9