

**REGIONAL YMCA OF WESTERN CONNECTICUT
TUITION ASSISTANCE APPLICATION
CAMP GREENKNOLL & GREENKNOLL SUMMER CLUB
2019
CONFIDENTIAL**

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

ALL APPLICATIONS ARE DUE BY APRIL 30th, 2019. 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 30th, 2019- **Due to the volume of anticipated applicants we cannot accept applications after April 30th, 2019.**

The following are some of the components of the selection process:

- Application must be completed (fully) and received by application deadline.
- Copies of executed Federal Tax Return (Form 1040) must be included. NOTE: W2 or other forms of official/unofficial income documents will no longer be accepted.
- All household income must be reported. (all adults living in the home must be included)
- All application documents must be consistent (inconsistencies will be considered a "red flag").
- No documentation will be accepted which is in clear violation of any federal, state or local laws.
- All scholarship decisions are final.

Incomplete applications cannot be processed and therefore will not be considered for assistance. In order to assure that your application will be reviewed, please be sure that you included all of the following:

- At least 2 consecutive recent **pay stubs** or a statement of income from all employers,
- A copy of **your 2018 tax return**,
- Documentation of any other income (i.e. child support, alimony, social security, unemployment etc.),
- Letter explaining you need for financial assistance (optional),
- DO NOT INCLUDE:** Registration paperwork and/or medical forms.

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: _____

PHONE: (_____) _____

CAMPER INFORMATION

Campers must be at least 3 years old and fully potty trained.

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: _____

SCHOLARSHIP REQUESTED

Number of weeks requested per child: _____

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

Which camp program are you applying for: **(check one)** If you do not make a selection it will be assumed that you are applying for Camp Greenknoll

YMCA Camp Greenknoll is an all outdoor camp with approximately 350 children broken into groups based on gender and grade. All activities are outdoors. Camp does not participate in field trips. Camp runs for 10 weeks.

Greenknoll Summer Club is a smaller program based indoors with no more than 50 children. Children in the Summer Club program are for the most part, one group. Summer Club participates in one field trip per week. Summer Club runs for 9 weeks beginning the week after school ends.

How did you hear about the YMCA scholarship program?

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

PARENT/GUARDIAN INFORMATION

1. Name: _____
 Phone #: _____ Marital Status: _____
 Name of Employer: _____ Phone: _____
 Address: _____
 Position: _____ Supervisor's Name: _____
 How long have you been employed? _____ Yrs. _____ Mths.
 Pay schedule: Weekly Bi-Week Monthly Other
 Salary (before taxes and deductions): _____ (per hour/ per week/ per month /other)
 Work schedule: _____ Total hours per week: _____

2. Name: _____
 Phone #: _____ Marital Status: _____
 Name of Employer: _____ Phone: _____
 Address: _____
 Position: _____ Supervisor's Name: _____
 How long have you been employed? _____ Yrs. _____ Mths
 Pay schedule: Weekly Bi-Week Monthly Other
 Salary (before taxes and deductions): _____ (per hour/ per week/ per month /other)
 Work schedule: _____ Total hours per week: _____

Please list all the residents in your household. **Include all children and adults.**

Name	Relationship	Date of Birth	Age

Please check appropriate box regarding your **annual** household income.

- | | |
|--|--|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> \$40,001 - \$50,000 |
| <input type="checkbox"/> \$10,001 - \$20,000 | <input type="checkbox"/> \$50,001 - \$60,000 |
| <input type="checkbox"/> \$20,001 - \$30,000 | <input type="checkbox"/> \$70,001 - \$80,000 |
| <input type="checkbox"/> \$30,001 - \$40,000 | <input type="checkbox"/> \$80,001 + |

MONTHLY INCOME:

Combined Monthly Wages: _____
(including all adults in the home)

Other household income: _____
(including income from dependents)

Self-employment Income: _____

Supplemental Income: _____

Social Security Income: _____

Unemployment Income: _____

Alimony: _____

Child Support: _____

Other Sources: _____
(Pensions, worker's compensation, veterans benefits, etc.)

Total: _____

How has your income changed as compared to your attached tax return? **If you did not file a tax return or are unable to provide the required documentation please indicate the reason.**

If you are applying for assistance for a child not listed on your tax return please indicate the reason. (Please provide supporting documentation)

Please list any agencies 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: _____

3. 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. 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.

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:

- At least 2 consecutive recent **pay stubs** or a statement of income from all employers.
- A copy of **your 2018 tax return**.
- Documentation of any other income (i.e. child support, alimony, social security, unemployment etc.).
- Letter explaining your family's need for financial assistance (optional)
- DO NOT INCLUDE:** Registration paperwork and/or medical forms

REMEMBER- all applications are due by APRIL 30th, 2019. 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 WILL BE DENIED WITHOUT REVIEW OF THE SCHOLARSHIP COMMITTEE IF I FAIL TO SUPPLY THE INFORMATION REQUESTED ABOVE.**

Signature: _____ Date: _____

Print Name: _____