



# REGIONAL YMCA OF WESTERN CONNECTICUT TUITION ASSISTANCE APPLICATION

## ESCAPE to the Arts Summer Program

2019

CONFIDENTIAL

Please complete the information in as much detail as possible and return the form to **ESCAPE to the Arts** (along with a Registration Form for your child). A scholarship committee will review your application and you will be notified by mail regarding this request, so please include your current mailing address.

**ALL APPLICATIONS ARE DUE BY APRIL 30, 2019.** If you are returning your application by mail please allow plenty of time for delivery by April 30th. No applications will be accepted after this date.

### TO RETURN YOUR APPLICATION:

1. Mail or drop off at ESCAPE to the Arts, 293 Main Street, Danbury, CT 06810, or
2. Fax to (203) 207-5554

### 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 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.** 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 need for financial assistance (optional),
- Summer Program Registration Form for ESCAPE to the Arts

### PLEASE PRINT CLEARLY:

Last Name (of applicant): \_\_\_\_\_

Name of parent(s)/guardian(s) with whom the child(ren) reside: \_\_\_\_\_

Number of children applying for scholarship: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_

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

**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: \_\_\_\_\_

**SCHOLARSHIP REQUESTED**

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

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

Which program are you applying for: (check one)

\_\_\_\_\_ **Art Explorers** (ages 4-7), (1/2 day program)

\_\_\_\_\_ **Art Explorers** (with full day option at Camp Greenknoll)

\_\_\_\_\_ **Art Specialists** (ages 8-12), (1/2 day program)

\_\_\_\_\_ **Art Specialists** (with full day option at Camp Greenknoll)

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. Father's Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Home Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
How long have you been employed? \_\_\_\_\_ Years \_\_\_\_\_ Months  
Pay Schedule:      Weekly      Bi-weekly      Monthly      Other  
Salary (before taxes & deductions): \_\_\_\_\_ (per hour / per week / per month / other)  
Work Schedule: \_\_\_\_\_ Total hours per week: \_\_\_\_\_

2. Mother's Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Home Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
How long have you been employed? \_\_\_\_\_ Years \_\_\_\_\_ Months  
Pay Schedule:      Weekly      Bi-weekly      Monthly      Other  
Salary (before taxes & deductions): \_\_\_\_\_ (per hour / per week / per month / other)  
Work Schedule: \_\_\_\_\_ Total hours per week: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Language spoken at home \_\_\_\_\_

**How many dependents do you have and what are their ages? Include children and other adults in your household.**

Name	Relationship	Date of Birth	Age

**FINANCIAL INFORMATION**

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 - plus     |
| <input type="checkbox"/> \$30,001 - \$40,000 |  |

**Household Income Information**

**Income Notes**

Combined monthly wages	\$	<hr/>	<hr/>
Other household income <small>(including income from dependents)</small>	\$	<hr/>	<hr/>
Child Care Subsidy	\$	<hr/>	<hr/>
Child Support	\$	<hr/>	<hr/>
Alimony	\$	<hr/>	<hr/>
State or Federal Aid	\$	<hr/>	<hr/>
Other Sources	\$	<hr/>	(pensions, worker's compensation, veterans benefits, etc.) <hr/>
Other	\$	<hr/>	<hr/>
<b>TOTAL</b>	\$	<hr/>	<hr/>

**Household Expenses Information**

**Expense Notes**

<hr/>	\$	<hr/>	<hr/>
<hr/>	\$	<hr/>	<hr/>
<hr/>	\$	<hr/>	<hr/>
<hr/>	\$	<hr/>	<hr/>
<hr/>	\$	<hr/>	<hr/>
<hr/>	\$	<hr/>	<hr/>
<hr/>	\$	<hr/>	<hr/>
<b>TOTAL</b>	\$	<hr/>	<hr/>

How has your income changed as compared to your attached tax return? If you did not file a tax return please indicate the reason.

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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: \_\_\_\_\_

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

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

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

Address: \_\_\_\_\_

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.

**REMEMBER- all applications are due by April 30, 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: \_\_\_\_\_