



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

FOR OFFICE USE ONLY: APPROVED: \_\_\_\_\_ PAYMENTS: \_\_\_\_\_

REGIONAL YMCA OF WESTERN CONNECTICUT  
TUITION ASSISTANCE PROGRAM  
Greenknoll Before & After School Program 2020-2021

**CONFIDENTIAL**

This is an application form for financial aid toward childcare at the Regional YMCA of Western Connecticut. While we are a not-for-profit agency, we depend on participant fees to help maintain our services. We are committed to serve people regardless of their income, but we expect participants to pay a fee based on their financial ability. Based on available financial resources of the Association, childcare fees will be awarded to applicants.

Please complete the information in as much detail as possible and return the form to the YMCA. Your application will be reviewed and you will be notified regarding this request.

LAST NAME: \_\_\_\_\_

NAME OF PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD(REN) RESIDE:  
\_\_\_\_\_

NUMBER OF CHILDREN APPLYING FOR SCHOLARSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL:  
\_\_\_\_\_

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: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_

How long have you been employed? \_\_\_\_\_ Yrs. \_\_\_\_\_ Mths.

Parent's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_

How long have you been employed? \_\_\_\_\_ Yrs. \_\_\_\_\_ Mths

How long have you lived at your current address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Do you Rent?  Own?

List previous address if less than 2 years at present address:

Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

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

Please check the appropriate box regarding your household income.

	Under \$10,000	Combined Monthly Income:	_____
	\$10,000 - \$15,000	Alimony:	_____
	\$15,001 - \$20,000	Child Support:	_____
	\$20,001 - \$25,000	Other Sources:	_____
	\$25,001 - \$30,000	Other Sources:	_____
	\$30,001 - \$35,000	Other Sources:	_____
	\$35,001 – plus	Total:	_____

List All Monthly Expenses:

Item	\$ Amount	Item	\$ Amount

**ATTACH A COPY OF YOUR 2019 FEDERAL INCOME TAX RETURN. 2019 tax returns must be submitted no later than April 15, 2020. Please attach a copy of your most recent pay stub from both parents.**

Please list any agencies from which you are receiving financial or support services:

- Agency: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_
- Agency: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_
- Agency: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Greenknoll School-age - A minimum of 2 days is required for enrollment.

Circle one: AM      or   PMor      AM and PM

Circle days needed:   M      T      W      TH      F

Amount you can pay weekly: \$ \_\_\_\_\_ (This MUST be completed)

Please provide the name of the school your child will be attending in the fall:

\_\_\_\_\_

Your child's grade in the fall: \_\_\_\_\_

Briefly explain why you might require Regional YMCA of Western Connecticut tuition assistance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you applied for financial assistance at the Regional YMCA previously?    Yes   No

If so, when? \_\_\_\_\_

How did you hear about the YMCA scholarship program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Scholarship funds are not guaranteed and may be subject to change at any time.*

The YMCA has the right to revoke this service from the recipient should a problem occur which would jeopardize the quality or safety of another member's participation.

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.

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_