



**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 2021-2022

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.

<input type="checkbox"/>	Under \$10,000	Combined Monthly Income:	_____
<input type="checkbox"/>	\$10,000 - \$15,000	Alimony:	_____
<input type="checkbox"/>	\$15,001 - \$20,000	Child Support:	_____
<input type="checkbox"/>	\$20,001 - \$25,000	Other Sources:	_____
<input type="checkbox"/>	\$25,001 - \$30,000	Other Sources:	_____
<input type="checkbox"/>	\$30,001 - \$35,000	Other Sources:	_____
<input type="checkbox"/>	\$35,001 – plus	Total:	_____

List All Monthly Expenses:

Item	\$ Amount	Item	\$ Amount

ATTACH A COPY OF YOUR 2020 FEDERAL INCOME TAX RETURN. 2020 tax returns must be submitted no later than April 15, 2021. 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 PM or 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: _____