

NEW CANAAN YMCA

FINANCIAL ASSISTANCE POLICY

* The New Canaan YMCA strives to serve everyone in our community, regardless of individual economic circumstances.

How To Apply:

1. Complete the New Canaan YMCA "Financial Assistance Form."

NOTE: THE FORM WILL NOT BE PROCESSED UNLESS ALL SECTIONS ARE COMPLETE.

2. Attach your most recent federal income tax return and W-2 documents for that year as income verification.
3. Return the form and income verification to:
Carol Antrum, V.P of Program Operations
New Canaan YMCA
564 South Avenue
New Canaan, CT 06840
4. Upon receipt of all appropriate forms, you will be contacted within ten working days to discuss the application.

Once Approved:

1. The approved form will be mailed to you or put in the "pick-up-box" at the YMCA Front Desk (whichever you prefer).
2. Once received, bring the approved form with you to the YMCA to register. Upon payment, present the form to the staff member on duty. He/she will charge you the appropriate fee and process your membership/sign-up for classes.
3. New applications need to be submitted annually.
4. In order to register for (additional) classes during the year period, please pick up a SUPPLEMENTAL REQUEST FORM at the Front Desk and return it to Carol Antrum. Same process as described above will be followed.
5. Financial Aid requests for programs must be submitted at least one week prior to lottery deadline in order to be included in the lottery.

YMCA scholarship dollars are made available through the generous contributions of organizations and individuals during our annual sustaining campaign.

Today's Date: _____

NEW CANAAN COMMUNITY YMCA ANNUAL FINANCIAL ASSISTANCE INFORMATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: home (____) _____ work: (____) _____

Email address: _____

PERSON(S) NEEDING FINANCIAL AID: _____

NUMBER OF PERSONS IN HOUSEHOLD: _____

DEPENDENT CHILDREN:

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

ARE YOU CURRENTLY EMPLOYED? _____ **HOW LONG?** _____

COMPANY NAME: _____

SUPERVISOR'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: (____) _____

YOUR POSITION: _____

IS YOUR SPOUSE CURRENTLY EMPLOYED? _____ **HOW LONG?** _____

COMPANY NAME: _____

SUPERVISOR'S NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: (____) _____

SPOUSE'S POSITION: _____

INCOME: _____ *

YOUR MONTHLY GROSS \$ _____ SPOUSE'S MONTHLY GROSS \$ _____

OTHER INCOME (CHILD OR SPOUSE SUPPORT, ETC.):

STATE OR FEDERAL AID, FOOD STAMPS, MEDICAL AID, ETC.

PLEASE LIST:

***TOTAL FAMILY INCOME MUST BE VERIFIED ANNUALLY.**

A COPY OF YOUR MOST RECENT W-2 AND YOUR FEDERAL INCOME TAX RETURN MUST BE INCLUDED WITH THIS APPLICATION.

ARE YOU OR YOUR SPOUSE CURRENTLY ENROLLED IN SCHOOL? _____

FULL TIME? _____ PART TIME? _____

ARE YOU RECEIVING FINANCIAL AID? _____

PLEASE LIST BELOW THE NAME OF AN UNRELATED PERSON, SUCH AS A TEACHER, PASTOR, SOCIAL WORKER, ETC. WHO IS KNOWLEDGEABLE OF YOU/YOUR FAMILY'S FINANCIAL SITUATION. THE YMCA MAY CONTACT THIS PERSON AS A REFERENCE IN REGARD TO THIS APPLICATION.

NAME: _____ **POSITION:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: (_____) _____

IF YOU WISH, PLEASE COMMENT BELOW ON EXTENUATING CIRCUMSTANCES WHICH CONTRIBUTE TO YOUR NEED FOR ASSISTANCE (I.E. MAJOR MEDICAL EXPENSES, LOSS OF JOB):

Please use other side -or additional paper- if more space is needed.

MEMBERSHIP/PROGRAM FOR WHICH ASSISTANCE IS REQUESTED:

ACTUAL COST: _____

Are you aware of the monthly bank draft program available for most Membership payments? _____

The balance due for the membership after scholarship may be paid yearly, quarterly, or every other month. Choose one method and indicate how much you could pay using that method.

\$ _____ yearly; \$ _____ quarterly; \$ _____ every other month;

WHAT IS THE MAXIMUM AMOUNT THAT YOU CAN PAY TOWARDS THE COST OF THE PROGRAM?:

\$ _____

MAY WE CALL ON YOU TO VOLUNTEER SOME OF YOUR TIME TO HELP THE Y?

DAYS AND TIMES AVAILABLE: _____

AREAS OF INTEREST (check any that apply):

Aquatics _____; Adult Fitness _____; Clerical _____; Childcare _____; Special Events _____;

Youth Programs _____; Registration _____; Photos/Promo _____; Maintenance _____;

Specific Program _____; Camp _____; Other _____.

PLEASE LIST ANY SPECIAL SKILLS, QUALIFICATIONS, OR CERTIFICATIONS WHICH WOULD BE HELPFUL TO THE Y:

BY COMPLETING THIS APPLICATION AND SIGNING IT, I CERTIFY THAT THE INFORMATION SUPPLIED HEREIN IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ **DATE:** _____