

Today's Date: _____

**NEW CANAAN YMCA
SUPPLEMENTAL FINANCIAL AID REQUEST FORM**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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

PERSON(S) NEEDING FINANCIAL AID:

PROGRAM(S) FOR WHICH ASSISTANCE IS REQUESTED:

ACTUAL COST: \$ _____

WHAT IS THE MAXIMUM AMOUNT THAT YOU CAN PAY TOWARD THE COST OF
THE PROGRAM? \$ _____

I, _____, have a current (within one year) Financial Aid
Name of Applicant

Application on file at the New Canaan YMCA. By signing below, I certify that the information
stated on that application remains true and accurate in regard to my financial situation as of
this date.

SIGNATURE: _____ DATE: _____