



West Hartford & Tri-Town YMCA Childcare Financial Assistance

How to Apply and What to Expect:

In order to apply for Financial Assistance, you must supply the YMCA with the following:

1. Completed YMCA Financial Assistance Application. Please attach:
 - A copy of your 2015 1040 Tax Return Form. Please note if you are unable to supply a tax return we must receive proof of non-filing status. You may call the IRS at 1-800-829-1040 to request this.
 - Two consecutive pay stubs for each income-earning member of the household.
 - Proof of public assistance if applicable.
2. A completed Childcare Registration Form indicating which childcare option you are interested in registering for (one form per child).
3. Each family applying for Childcare Financial Assistance is required to apply for Care 4 Kids. Go to www.ctcare4kids.com – print & complete the Care 4 Kids application and the Provider Agreement forms located on their website. These completed forms must accompany all the other required paperwork when you apply, we cannot start the review process without them.

ALL APPLICATIONS MUST BE 100% COMPLETE, WITH ALL APPLICABLE ATTACHMENTS OR YOUR APPLICATION WILL BE DENIED AND RETURNED.

Approval and Payment Process:

You will receive an approval or denial letter within 14 days of receipt of application. You **MUST** return signed copy of this letter by the date indicated in order to accept your scholarship. If the letter is not returned, your financial assistance will be cancelled and given away to another camper.

Submit your form by sending all documents by email to pam.eisch@qhymca.org or mail to the YMCA administration offices.

West Hartford & Tri-Town YMCA
Administrative Offices
12 North Main Street West Hartford, CT 06107
860-521-5830 fax 860-313-5060

Connecting with your YMCA needs!



**YMCA of Greater Hartford
Financial Assistance Application**

**The YMCA of Greater Hartford Financial Assistance
Program is funded through the Annual Campaign**

YMCA FINANCIAL ASSISTANCE APPLICATION

All information is confidential and not shared with any other YMCA or organization.

Name _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Status: Single Married Divorced Partner

Number of Dependents _____ (including yourself, spouse/partner & children)

Are you a full time student? Yes No Name of School _____

List names (last names also if different from yours) and ages of all persons in the household. Your household includes your spouse/partner and dependents you claim on your federal income tax return.

1. _____ Age _____

5. _____ Age _____

2. _____ Age _____

6. _____ Age _____

3. _____ Age _____

7. _____ Age _____

4. _____ Age _____

8. _____ Age _____

APPLICANT EMPLOYMENT INFORMATION

Are you currently employed? NO YES If yes, please complete the following information

Applicant's Employer _____ Work Phone _____

Employer Address _____ City _____ State _____ Zip _____

Applicant's Position _____ Length of Employment _____

Supervisor's Name _____ Part-Time Full-Time

SPOUSE/PARTNER EMPLOYMENT INFORMATION

Is your spouse/partner currently employed? NO YES If yes, complete the following

Applicant's Employer _____ Work Phone _____

Employer Address _____ City _____ State _____ Zip _____

Applicant's Position _____ Length of Employment _____

Supervisor's Name _____ Part-Time Full-Time

With which programs do you need assistance?

Programs _____

School-Age Child Care

Day Camp

List all household members who will participate in these programs.

What is the program fee or cost? _____

How much do you feel you can afford to pay? _____

Have you previously received assistance from the YMCA? YES NO When? _____

For which programs did you receive assistance? _____

YMCA FINANCIAL ASSISTANCE APPLICATION

With this application, please attached the following documentation:

1. A copy of your 2015 1040 Tax Return Form. Please note if you are unable to supply a tax return we must receive proof of non-filing status. You may call the IRS at 1-800-829-1040 to request this.
2. Two consecutive pay stubs for each income-earning member of the household.
3. Proof of public assistance if applicable.

I, _____, do hereby certify that I have read and completed the attached YMCA of Greater Hartford Financial Assistance application indicating the total number of persons in my household and the total gross annual income received during the past twelve (12) months as required to determine eligibility to participate in YMCA programs on the basis of low/moderate income designation.

TERMS OF AGREEMENT

I declare that the aforementioned statements are true and correct to the best of my knowledge. If requested, I will provide further substantiation of all facts, including current income. I hereby authorize the YMCA of Greater Hartford to obtain employment income verification from my employer. I agree to inform the YMCA of Greater Hartford of any material change to my financial status and employment.

HOUSEHOLD MONTHLY INCOME

We will need the following information for all adults in the household to verify household income (as applies): Documentation must be submitted.

Questions 1-13 must be answered, if your answer is \$0, write "\$0".

- \$ _____ 1) Your Gross Monthly Salary
- \$ _____ 2) Other Adult's Gross Monthly Salary
- \$ _____ 3) Child Support
- \$ _____ 4) Aid to Dependent Children
- \$ _____ 5) Welfare
- \$ _____ 6) Food Stamps
- \$ _____ 7) Reduced School Lunch Program
- \$ _____ 8) Social Security/Disability
- \$ _____ 9) Unemployment
- \$ _____ 10) Pension/Retirement
- \$ _____ 11) Alimony
- \$ _____ 12) Care 4 Kids
- \$ _____ 13) Other (please explain)

Please tell us about any special circumstances that should be considered in your application on the next page.

\$ _____ TOTAL MONTHLY INCOME

APPLICANT'S SIGNATURE _____ DATE _____

"We make a living by what we do, but we make a life by what we give." – Winston Churchill

___ I am willing to volunteer at my YMCA branch, please contact me.

___ I am willing to share my story so that this fund can continue to help YMCA families.

**PLEASE TELL US
WHAT SCHOLARSHIP
MEANS TO YOU**



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

ALWAYS HERE FOR OUR COMMUNITY



Not everyone can give to the Annual Campaign through monetary donations. Sharing your Y story is another way to give back and help the Y fulfill our mission.

We will only use this story to assess Scholarship applications unless you give permission.

Name:

Children's names:

Programs you've participated in:

How long have you been a Y member?

May we share your Y story? (Circle)

Yes.

No.

Only anonymously.

Please return this page with your Y story.

Thank you!



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY