



West Hartford & Tri-Town YMCA Financial Assistance Application

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 2019 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. Each family applying for 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 can not start the review process without them.**

Check list: (To qualify for financial assistance, you must submit these documents)

Financial Assistance Application___ 2019 1040 Tax Returns___ Two Most Current Paystubs___

Proof of any other income (i.e. child support, social security benefits, etc.) _____

Care4Kids Application___ Care4Kids Parent Agreement Form___

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 participant.

If you decline the scholarship and wish to terminate the enrollment in our program, please contact the West Hartford YMCA IN WRITING via email at west.hartfordYMCA@ghymca.org or mail the letter 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**



West Hartford & Tri-Town YMCA Scholarship Application

A. About you

Your Name: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Email Address: _____ Preferred Phone: _____ Birthdate: _____

Employer Name: _____

Employer Address: _____

Town/City: _____ State: _____ Zip Code: _____

Job Title: _____ Business Phone: _____

B.

Spouse Name: _____

Employer Name: _____

Employer Address: _____

Town/City: _____ State: _____ Zip Code: _____

Job Title: _____ Business Phone: _____

C. Number of Dependent Children

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

D. Financial Assistance Requested For:

West Hartford: Traditional Summer Camp Bell Educational Camp Youth Sports Youth Swimming Lessons

Tri-Town: Traditional Summer Camp School Age Child Care Youth Sports

E. Other Information

Your Gross Annual Salary: \$ _____ Spouse/Partner's Gross Annual Salary: \$ _____

Other Income (list source and amount): _____

Housing Own Rent Monthly Mortgage/Rent: _____

Do you receive a housing subsidy? Yes No Amount per Month: _____

Please list any special circumstances that affect your reason for need: _____

To qualify for financial assistance, you must submit the following documents within 2 weeks of application:

- Your most recently filed tax return
- Two current paycheck stubs or other proof of your current combined total income
- Proof of any other income – i.e. child support, social security benefits, etc.

The information listed on this form is correct to the best of my knowledge. I understand that if I do not provide the required documentation within 2 weeks, my program fee will revert to the full fee. I understand that I must re-apply for financial assistance every 12 months from the date of this application. If I do not re-apply for financial assistance, my fees will revert to the full published rate.

F. Applicant Signature: _____ Date: _____

G. West Hartford & Tri-Town YMCA Staff to Complete this Section

Member Account Number: _____ Branch: _____

Percent of Subsidy: _____ Begin Date: _____

Approved By: _____ Date Entered: _____