



FINANCIAL ASSISTANCE

Financial Assistance Scholarship Committee

Stacey McGee	Director of Healthy Living
Richard Ward	Youth Development Director
Heather Husted	Aquatic Director
Maureen Paul	Membership Coordinator
Mary Lewis	Childcare Director
Kathy Scholl	SACC Director

The committee will meet once a month to review applications and make decisions for awarding of financial assistance and or scholarships for membership or programming. The C.E.O will review the committee recommendations for final approval.

Applicants may be required to pay partial price for membership or programming initially to allow the committee time to meet and review request. Payments will be adjusted accordingly.



Valley- Shore YMCA
P.O. Box 694
Westbrook, CT 06498
(860)399-9622
Fax: (860)399-8349

**CONFIDENTIAL INFORMATION
FINANCIAL ASSISTANCE DATA**

**FINANCIAL ASSISTANCE WILL NOT BE DISTRIBUTED UNLESS THIS FORM IS
SIGNED AND IS ACCOMPANIED BY ALL PERTINENT DOCUMENTS:**

Two (2) pay stubs for each job that contributes to your family income and your most recent tax return (front page). If you are in business for yourself, a copy of Schedule C and or Schedule F is required. Decree of Divorce and or separate maintenance, if applicable. Proof of Social Security or Pension Income.

-OR-

AFDC or Welfare Budget Sheet and or other support papers, including decree of divorce and or separate maintenance that include amounts received.

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY

YMCA assistance requested for: (Membership/Program)_____

Full name of applicant:_____

If child, name of parent/guardian_____

Street address:_____ City:_____

Home phone:_____ Birthdate:_____

Is this a membership renewal?_____ Expiration date_____

Please list any special circumstances or extra ordinary family expenses that should be considered for this request:_____

Employer's name_____ Phone_____

Street address_____ City/Zip_____

Spouse's name_____

Spouse's employer_____

Street address:_____ City/zip_____

PLEASE COMPLETE REVERSE SIDE OF FORM

DEPENDENT CHILDREN:

Name _____ Birthdate _____ Age _____ Sex _____

Name _____ Birthdate _____ Age _____ Sex _____

Name _____ Birthdate _____ Age _____ Sex _____

DO YOU RECEIVE (Please check all that apply)

State or Federal Aid _____ Per Month _____

Public Assistance _____ Per Month _____

Child or Spousal Support _____ Per Month _____

Social Security _____ Per Month _____

FINANCIAL ASSISTANCE AGREEMENT

I attest that the preceding information is true. I understand that if any information is found false, my membership privileges will be revoked. I understand that the information will be used confidentially by authorized personnel for consideration in granting financial assistance. I understand that the YMCA reserves the right to request a copy of my IRS form. I understand that this assistance is in effect for one year, and after that time it is necessary to reapply.

Signature of applicant

Date

VALLEY- SHORE YMCA MISSION STATEMENT

The mission of the Valley-Shore YMCA is to develop and encourage the growth of all individuals in spirit, mind and body in an atmosphere of mutual respect.

The Valley Shore YMCA membership is available to all regardless of race, creed, sex or ability to pay.

FOR OFFICE USE ONLY

Date received: _____

Average yearly income: _____

Approved by: _____