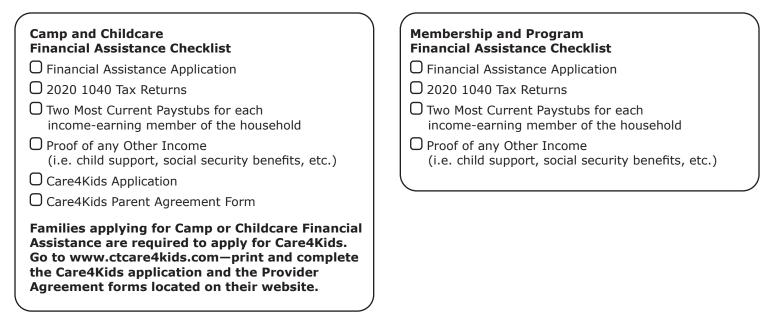


FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

YMCA OF GREATER HARTFORD 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 documents. Complete the YMCA Financial Assistance Check List for the program area needed:



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.

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 the signed copy of the letter by the date indicated in order to receive the financial assistance. If the letter is not returned, your financial assistance will be cancelled.

If you decline the scholarship and wish to cancel the enrollment in our program, please contact the YMCA **in writing** via email or mail the letter to the YMCA branch.

Camp Jewell YMCA

6 Prock Hill Road Colebrook, CT 06021 860-379-2782 Camp.Jewell@GHYMCA.org

Camp Woodstock YMCA 42 Camp Road Woodstock Valley, CT 06282 860-974-1336 CWregistrar@GHYMCA.org

East Hartford YMCA 770 Main Street East Hartford, CT 06108 860-289-6612 EastHartford@GHYMCA.org **Downtown Hartford YMCA**

90 State House Square Hartford, CT 06103 860-522-4183 DowntownY@GHYMCA.org

Glastonbury YMCA

95 Oakwood Drive Glastonbury, CT 06033 860-633-6548 Glastonbury@GHYMCA.org

Hale YMCA 9 Technology Park Drive Putnam, CT 06260 860-315-9622 HaleY@GHYMCA.org Farmington Valley YMCA/ Camp Chase 97 Salmon Brook Street Granby, CT 06035 860-653-5524 FarmingtonValleyY@GHYMCA.org

Indian Valley YMCA 11 Pinney Street Ellington, CT 06029 860-871-0008 IndianValleyY@GHYMCA.org

Tri-Town YMCA Administrative Office 95 Oakwood Drive Glastonbury, CT 06033 860-633-6548 TriTownY@GHYMCA.org West Hartford YMCA

Administrative Office 149 Farmington Avenue Plainville, CT 06062 860-793-9631 WestHartfordY@GHYMCA.org

Wheeler YMCA

149 Farmington Avenue Plainville, CT 06062 860-793-9631 WheelerY@GHYMCA.org

Wilson-Gray YMCA 444 Albany Avenue Hartford, CT 06120 860-241-9622 WilsonGrayY@GHYMCA.org



FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

YMCA OF GREATER HARTFORD FINANCIAL ASSISTANCE APPLICATION

First Name:	MI:	Last Name:	
Address:			
Town/City:		State:	Zip Code:
Email Address:	Preferre	ed Phone:	Birth date:
Employer Name:			
Employer Address:			
Town/City:	State:	Zip Code:	
Job Title:		Business Phone:	
Spouse/Partner Name:	MI:	Last Name:	
Employer Name:			
Employer Address:			
Town/City:		State:	Zip Code:
Job Title:		Business Phone:	
Number of Dependent Children:			
Name:	Birth date:	Name:	Birth date
Name:	Birth date:	Name:	Birth date
Name:	_Birth date:	Name:	Birth date
Financial Assistance is Requested O Membership O Programs		Other	
Other Information Your Gross Annual Salary: \$	Spouse/Partne	r's Gross Annual Salary: \$.	
Other Income (list source & amo			
Housing: O Own O Rent O			
Do you receive a housing subsidy			
Please list any special circumstan	ces that affect your reason	ior 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 membership rate 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 the full published rate.

Applicant Signature: _____

Date:

YMCA of Greater Hartford Staff to Complete this Section			
Member Account Number	Branch		_
Percent of Subsidy	Begin Date	Review Date	_
Approved By	Date Entered		-