



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Greenwich Scholarship Application

The YMCA of Greenwich enriches the community by promoting positive values through programs that build healthy kids and strong families. Please take your time completing the application and provide **ALL** the information requested so we can expedite fulfilling your needs. The information, which you provide, will solely be used by the YMCA of Greenwich to determine whether or not assistance will be granted. Please note, in order to be eligible for financial assistance you must either live or work in Greenwich CT.

Membership discounts may NOT be combined.

***** One program per individual per session will be eligible for scholarship.**

How to apply:

- ☐ Complete the YMCA of Greenwich Financial Assistance Form
- ☐ Provide a copy of your most recent Federal Tax Return
- ☐ Provide copies of last 3 pay stubs
- ☐ Provide verification in the form of statements, receipts or cancelled checks for your monthly expenses.

Your application will not be reviewed if any of the above items are not included with your application.

Return this form and supporting documentation to :

Scholarship Committee
YMCA of Greenwich
50 East Putnam Avenue
Greenwich, CT 06830

The Scholarship Committee meets monthly. Only complete applications will be reviewed. Incomplete applications will be returned to the applicant. Please do not call to find out application status, once an application is reviewed and a decision made the applicant will be notified in writing. Please note that partial scholarships will be given based on need and are on a sliding scale.

For Office Use Only

Date Received

Staff Signature

YMCA of Greenwich Financial Assistance Form

Date of Application: ____/ ____/ ____

Birth date: ____/ ____/ ____

Applicants Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ (c) _____ (w) _____

E-mail _____

Spouse: _____

1. Child's name: _____ Date of Birth: ____/ ____/ ____

2. Child's name: _____ Date of Birth: ____/ ____/ ____

3. Child's name: _____ Date of Birth: ____/ ____/ ____

4. Child's name: _____ Date of Birth: ____/ ____/ ____

Assistance for (check one only):

- ☐ Adult Membership (18 years and over)
☐ Single Parent Membership (1 adult and all children in the same home under 21 years of age)
☐ Family Membership (2 adults and all children in the same home under 21 years of age)
☐ Student Membership (full time students- college students must provide proof)
☐ Senior Membership (65 years and over)
☐ Senior Family Membership (2 senior adults and children in the same home under 21 years of age)
☐ Childcare ☐ After School Care ☐ Camp ☐ Program _____
(List Program)

Have you applied for Financial Assistance at the YMCA in the past 5 years? ☐ Yes ☐ No

If Yes, please list the approximate date of your previous application _____

Please list one unrelated person, such as a teacher, pastor, social worker who is able to verify your income and need for financial assistance:

Name _____ Day Phone _____

Relationship to applicant _____

Address: _____

Income Declaration

Number of Adults residing in household: _____

Number of children residing in household: _____

Adult 1:

Name: _____ Monthly \$ _____ Annual \$ _____

1. Wages \$ _____
2. Alimony \$ _____
3. Child Support \$ _____
4. Other Income \$ _____

Adult 2:

Name: _____ Monthly \$ _____ Annual \$ _____

1. Wages \$ _____
2. Alimony \$ _____
3. Child Support \$ _____
4. Other Income \$ _____

Please list any state or federal aid you currently receive:

Please detail circumstances, which contribute to your need for financial assistance (i.e. major medical expenses, loss of job, etc.): Use back of this page for additional space.

Employment Information

Are you currently employed?

☐ No

☐ Full Time

☐ Part Time

Company Name: _____ Monthly gross: \$ _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: () _____ Supervisor's Name: _____

How long have you been employed with this company? _____

Is your spouse currently employed?

☐ No

☐ Full Time

☐ Part Time

Company Name: _____ Monthly gross: \$ _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: () _____ Supervisor's Name: _____

How long have you been employed with this company? _____

Total monthly gross household income: \$ _____

Monthly Expenses

List and provide verification in the form of statements, receipts, cancelled checks, etc.
(Attach supporting documentation; application will not be reviewed if this section is incomplete)

Mortgage or Rent \$ _____

Real Estate Tax \$ _____

Utilities \$ _____

Home Phone \$ _____

Cell Phone \$ _____

Food \$ _____

Cable \$ _____

Car Payment \$ _____

Make, Model and year of Car(s) _____

Auto Insurance \$ _____

Tuition \$ _____

Child Care \$ _____

Alimony \$ _____

Medical & Dental \$ _____

Loans/ Debts/ Other \$ _____

How much can you afford to pay for your membership? \$ _____

YOUR APPLICATION WILL NOT BE REVIEWED IF YOU DO NOT PROVIDE SUPPORTING DOCUMENTATION.