



## Westport Weston Family Y 2012 Financial Assistance Application

Date of application: \_\_\_\_\_

### Self/Parent/Guardian Information:

Self/Mother/Guardian

Self/Father/Guardian

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Marital Status \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status \_\_\_\_\_ Zip: \_\_\_\_\_

Primary contact's email address:  
\_\_\_\_\_

Dependents:

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

**Incomplete applications will not be processed.**

## Participant Information:

Mark the department(s) for which you are applying for assistance: (check all that apply)

Please note some requests are subject to deadlines. Please check with the department for more information.

Please note that registration fees are not eligible for financial assistance.

Member Services :	_____	Mahackeno:	_____
Childcare:	_____	Other (identify):	_____

Participant's name:	
Department:	
Program:	

Participant's name:	
Department:	
Program:	

Participant's name:	
Department:	
Program:	

Participant's name:	
Department:	
Program:	

**Incomplete applications will not be processed.**

**Financial Information:**

**I: Income (please list all sources including state and local assistance and other agencies or organizations):**

	<u>Mother/Guardian/Self</u> <u>(\$ per month)</u>	<u>Father/Guardian/Self</u>
1. Gross wages:	_____	_____
2. Social Security:	_____	_____
3. Unemployment Compensation:	_____	_____
4. Workers Comp:	_____	_____
5. Pensions:	_____	_____
6. Disability:	_____	_____
7. Alimony and/or Child Support:	_____	_____
8. Public Assistance (List sources):	_____	_____
	_____	_____
9. Other (rents, Family, etc):	_____	_____
	_____	_____
10. Interest and/or Dividends:	_____	_____
	_____	_____
	<u>(\$ per month)</u>	
<b>TOTAL:</b>	_____	_____

**II: Liquid assets:**

<b>Checking Accts:</b>	_____	_____
	_____	_____
<b>Savings Accts:</b>	_____	_____
	_____	_____
<b>Stocks/Bonds:</b>	_____	_____
	_____	_____
<b>Property other than Primary residence:</b>	_____	_____
	_____	_____
<b>TOTAL:</b>	_____	_____

Please provide most recent official bank statements.

Incomplete applications will not be processed.

### III: Family Assets

#### A: Real Estate

---

1)	Address:	_____	City:	_____
	Estimated Value:	\$ _____	Year of purchase:	_____
	Equity:	\$ _____	Mortgage:	\$ _____

---

2)	Address:	_____	City:	_____
	Estimated Value:	\$ _____	Year of purchase:	_____
	Equity:	\$ _____	Mortgage:	\$ _____

---

#### B: Motor Vehicles

---

1)	Year:	_____	Make/Model:	_____
		_____	Market Value:	\$ _____

---

2)	Year:	_____	Make/Model:	_____
		_____	Market Value:	\$ _____

---

### IV: Tax Returns

Attach copies of current year's Federal tax return form 1040, 1040A or 1040 EZ and supporting W2 forms. If separated or divorced please include both parents'/guardian's Federal tax returns and W2 forms if possible. If current tax return has not been filed yet, please attach a copy of your last year's tax return in addition to copies of current year's W2 forms and your filing of estimated liability for the current year.

### V: Narrative

Please attach a detailed narrative explaining your current situation and the benefit that will be received if financial assistance is provided. Address what services, if any, would be used in the event that financial aid is not provided; and as a result, attendance in our program would not be possible. Please include any additional information you feel would be helpful to us in making a decision regarding your application for scholarship.

**Incomplete applications will not be processed.**

**VI: The applicant certifies that the above statements are true and complete and authorizes verification by the Westport Weston Family Y.**

---

**Signature of applicant(s)**

---

**Date**

---

**Signature of applicant(s)**

---

**Date**

**PRIMARY CONTACT'S EMAIL ADDRESS:**

---

**IF THERE IS ANY CHANGE IN YOUR STATUS UPON COMPLETION OF THIS APPLICATION, YOU ARE REQUIRED TO CONTACT US.**

All scholarship decisions are made without regard to race, creed, color, religion, or national origin. Information will be kept confidential.

This award is good for one year. It is your responsibility to reapply each year.

Families applying for Camp Mahackeno must reapply each year regardless of prior financial assistance awards.

Please allow at least three weeks for processing.

**Financial Assistance Application Checklist:**

- 1) All five pages are complete.
- 2) Form is signed and dated by applicant(s).
- 3) Copy of current tax returns and W2 Form(s) are included.
- 4) Narrative is included.

**Incomplete applications will not be processed.**

Please return all applications to:  
**Westport Weston Family Y**  
Financial Assistance Committee  
PO Box 190  
Westport, CT 06881  
Phone: 203-226-8981  
Fax: 203-454-4840

**Incomplete applications will not be processed.**