Westport Weston Family Y
2014 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:	

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Financial Information:

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

	Mother/Guardian/Self ($ per month)	Father/Guardian/Self ($ per month)
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:	_____	_____
TOTAL:	**_____**	**_____**

II: Liquid assets:

Checking Accts:	_____	_____
	_____	_____
Savings Accts:	_____	_____
	_____	_____
Stocks/Bonds:	_____	_____
	_____	_____
Property other than Primary residence:	_____	_____
	_____	_____
TOTAL:	**_____**	**_____**

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.

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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
Westport, CT 06880
Phone: 203-226-8981
Fax: 203-454-4840

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