



Westport Weston Family YMCA 2016 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: | |

| | |
|---------------------|--|
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| Department: | |
| Program: | |

| | |
|---------------------|--|
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| 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> | |
| 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.

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

14 Allen Raymond Lane

Westport, CT 06880

Phone: 203-226-8981

Fax: 203-226-2607

Incomplete applications will not be processed.