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## **WESTPORT WESTON FAMILY YMCA FINANCIAL ASSISTANCE APPLICATION**

Thank you for applying for Financial Assistance to the Westport Weston Family YMCA. Please note that we review all applications very carefully, and due to the high volume of applications we receive while assistance cannot be guaranteed, we will work as best we can to assist you and your family.

### **Who Can Apply for Financial Assistance?**

While anyone can apply at any time for financial assistance, because there are YMCA's outside of our service area (Westport & Weston), it is recommended that residents residing in other locations please apply first at the YMCA which represents your area of service.

### **Financial Assistance can be utilized for:**

Membership & Fee-Based programs excluding Personal Training & Private Swim Lessons

### **Where to Apply:**

- Residents of Westport, Weston: Westport Weston Family YMCA
- Residents of Easton, Norwalk, and Wilton: Riverbrook YMCA in Wilton
- Residents of Fairfield, Southport: Fairfield YMCA
- Residents of Bridgeport: Fairfield or Stratford YMCA
- Residents of Darien: Darien YMCA
- Residents of New Canaan: New Canaan YMCA
- Residents of Stamford: Stamford YMCA

Please note that reciprocal privileges permit members from YMCA's throughout the country to visit the Westport Weston Family YMCA 4x per month.

### **How to Complete the Application**

- Please be sure to thoroughly complete this entire application.
- Please be sure to include copies of current tax returns & W2 forms.
- Complete narrative (Section V) with detailed description on how the Westport Weston Family YMCA can help you, and why you prefer our YMCA.
- Incomplete applications will be returned.
- Contact Brian Marazzi at [bmarazzi@westportymca.org](mailto:bmarazzi@westportymca.org) or (203) 226-8982 with any questions

**Thank You!**



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# Westport Weston Family YMCA Financial Assistance Application

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

## Self/Parent/Guardian Information:

### Self/Mother/Guardian

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

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

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

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

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

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

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

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

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

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

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

### Self/Father/Guardian

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

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

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

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

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

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

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

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

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

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

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.**



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## 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:        | Childcare: | Mahackeno: |
| Other (identify): _____ |            |            |

|                     |  |
|---------------------|--|
| Participant's name: |  |
| Department:         |  |
| Program:            |  |

|                     |  |
|---------------------|--|
| Participant's name: |  |
| Department:         |  |
| Program:            |  |

|                     |  |
|---------------------|--|
| Participant's name: |  |
| Department:         |  |
| Program:            |  |

|                     |  |
|---------------------|--|
| Participant's name: |  |
| Department:         |  |
| Program:            |  |



**FINANCIAL INFORMATION:**

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

Mother/Guardian/Self

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: \_\_\_\_\_

(\$ per month)

**TOTAL:** \_\_\_\_\_

**II: Liquid assets:**

Checking Accts: \_\_\_\_\_

Savings Accts: \_\_\_\_\_

Stocks/Bonds: \_\_\_\_\_

Property other than Primary residence: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_



Please provide most recent official bank statements

### III: Family Assets

**A: Real Estate**

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

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

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**B: Motor Vehicles**

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

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

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### 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.**

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**Signature of applicant(s)**

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**Date**

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**Signature of applicant(s)**

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**Date**

**PRIMARY CONTACT'S EMAIL ADDRESS:**

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**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:**

**BY EMAIL: [bmarazzi@westporty.org](mailto:bmarazzi@westporty.org)**

**BY MAIL:**

**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**