



Westport/Weston YMCA

Westport/Weston YMCA 2005 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: _____

Dependents:

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

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.

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

Describe in detail the services for which you are requesting assistance:

Please note that registration fees are not eligible for financial assistance. The maximum amount of assistance you may request is 50% of the total due for the program. Assistance granted may however, range from 10% to the maximum of 50%.

1) Name: _____
Program: _____
Program dates: _____
Program hours: _____
Program cost: _____
Amount requested: _____

2) Name: _____
Program: _____
Program dates: _____
Program hours: _____
Program cost: _____
Amount requested: _____

3) Name: _____
Program: _____
Program dates: _____
Program hours: _____
Program cost: _____
Amount requested: _____

4) Name: _____
Program: _____
Program dates: _____
Program hours: _____
Program cost: _____
Amount requested: _____

Financial Information

I. Income

A: Income from principal employment

1) Mother/Guardian		2) Father/Guardian	
Gross Wages: \$ _____	Monthly	Gross Wages: \$ _____	Monthly
Net Wages: \$ _____	Monthly	Net Wages: \$ _____	Monthly

B: All other income (including in-kind compensation, gratuities, rent, interest, dividends, pension, child support, AFDC, other individuals contributing to household income, etc.)

Source of income and support (identify and use additional space if needed)	Net Amount
1) _____	\$ _____ Monthly
2) _____	\$ _____ Monthly
3) _____	\$ _____ Monthly
Total:	\$ _____ Monthly

C: Total net income of all sources

Mother/guardian net wages (A:1)	\$ _____
Father/guardian net wages (A:2) +	\$ _____
Other monthly source of income (B:) +	\$ _____
Total monthly income:	\$ _____

II: Basic Expenses (monthly)

1. Rent/Mortgage (<i>include property taxes and insurance</i>)	\$ _____
2. Utilities (<i>include heating</i>)	\$ _____
3. Food	\$ _____
4. Phone	\$ _____
5. Payment on recurrent debts (<i>from IV</i>)	\$ _____
6. Medical/Dental	\$ _____
7. Child support	\$ _____
8. Clothing	\$ _____
9. Insurance premiums	\$ _____
10. Transportation	\$ _____
11. Child care/tuition (<i>other than this YMCA</i>)	\$ _____
12. Entertainment	\$ _____
13. Other educational expenses	\$ _____
14. Other (<i>identify</i>)	\$ _____
Total Monthly Expenses	\$ _____

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: _____
 Lease Payment (if any): \$ _____ Market Value: \$ _____

2) Year: _____ Make/Model: _____
 Lease Payment (if any): \$ _____ Market Value: \$ _____

IV: Family Liabilities

A: Include credit card, mortgage, car loans or leases, etc.

Amount of Debt:	Lender:	Purpose:	Monthly Payment:
\$ _____	_____	_____	\$ _____
\$ _____	_____	_____	\$ _____
\$ _____	_____	_____	\$ _____
\$ _____	_____	_____	\$ _____
Total monthly payments *			\$ _____

*Enter this amount in line 5 of Basic Monthly Expenses

V: Tax Returns

Attach copies of current year's Federal tax returns and supporting W2 forms. If separated or divorced please include both parent's/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.

VI: Narrative

Attach a narrative describing 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.

VII: The applicant certifies that the above statements are true and complete and authorizes verification by the Westport/Weston YMCA.

Signature of applicant

Date

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.

Financial Assistance Application Check-list:

- 1) All five pages are complete.
 - 2) Form is signed by applicant.
 - 3) Copy of Federal tax returns and W2 Form(s) are included.
 - 4) Section VI: Narrative is included.
- (Any incomplete requests will not be processed.)*

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