

**Connecting with your YMCA needs!**



**YMCA of Greater Hartford  
Camp Jewell  
Financial Assistance Application**

**The YMCA of Greater Hartford Camp Jewell Financial  
Assistance Program is funded through the Community  
Campaign**

# YMCA FINANCIAL ASSISTANCE FREQUENTLY ASKED QUESTIONS

## **Q. What is Financial Assistance?**

A. The YMCA of Greater Hartford believes in providing membership and program services to all who desire to participate. The YMCA's Financial Assistance program, supported in part by the Annual Campaign, uses all available resources to provide support to those who have financial need and qualify for assistance.

## **Q. Who is eligible for Financial Assistance and how is it determined?**

A. Anyone may apply for Financial Assistance. Approval of the application is made on an individual basis. The YMCA uses a sliding-fee scale guideline based on total household income and number of dependents. The scale assists the staff at each branch in determining the amount of assistance awarded and its applicable time frame.

## **Q. Is it possible to join the YMCA for free?**

A. The YMCA believes a strong sense of ownership and pride is developed when the financial assistance recipient contributes to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of the fee for the requested service.

## **Q. If I receive Financial Assistance, what is expected of me?**

A. Upon approval of financial assistance, a YMCA staff member will review conditions of the Financial Assistance with you. Those conditions will include a timeline for fulfilling your financial commitment.

## **Q. How quickly can I expect to receive this assistance?**

A. Once the Financial Assistance application and all required documentation have been submitted to the designated staff member, the YMCA will contact you within four weeks to review the outcome of your application.

## **Q. How long will the Financial Assistance continue?**

A. Need for assistance is assessed on a program-by-program basis. Financial Assistance applications do not carry over from year to year nor does the award.

## **Q. Who will be reviewing my application?**

A. Appointed Camp Jewell staff will review and process your application. All information is handled confidentially and kept secure.

## **Q. May I do anything in return for this assistance?**

A. YES! At the YMCA, youth and adults are encouraged to volunteer. Also, YMCA donors appreciate learning how their contributions are used. Tell us your story! Submitting a short note about how you or your family benefited from the financial assistance is appreciated and helps us grow our Annual Fund.

## **Q. Is Financial Assistance available at all YMCA of Greater Hartford branches?**

A. Yes. Financial Assistance is available at all YMCA of Greater Hartford branches. Financial Assistance is branch specific, and is not transferable from one branch to another. You must request from the branch at which you wish to participate as a member or program participant.

**The YMCA of Greater Hartford is a non-profit 501(c)(3) charitable organization which serves more than 108,000 people in 44 towns across the Capital Region. YMCA programs put the values of caring, honesty, respect and responsibility into practice to build healthy spirit, mind and body for all participants.**

## YMCA FINANCIAL ASSISTANCE APPLICATION

All information is confidential and not shared with any other YMCA or organization.

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

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Status:  Single  Married  Divorced  Partner

Number of Dependents \_\_\_\_\_ (including yourself, spouse/partner & children)

Are you a full time student?  Yes  No Name of School: \_\_\_\_\_

List names (last names also if different from yours) and ages if all persons in the household. Your household includes your spouse/partner and dependents you claim on your federal income tax return.

1. \_\_\_\_\_ Age \_\_\_\_\_ 2. \_\_\_\_\_ Age \_\_\_\_\_

3. \_\_\_\_\_ Age \_\_\_\_\_ 4. \_\_\_\_\_ Age \_\_\_\_\_

5. \_\_\_\_\_ Age \_\_\_\_\_ 6. \_\_\_\_\_ Age \_\_\_\_\_

7. \_\_\_\_\_ Age \_\_\_\_\_ 8. \_\_\_\_\_ Age \_\_\_\_\_

### APPLICANT EMPLOYMENT INFORMATION

Are you currently employed?  Yes  No

(If yes, please complete the following information.)

Applicant's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Position \_\_\_\_\_ Length of Employment \_\_\_\_\_

Supervisor's Name \_\_\_\_\_  Part-Time  Full-Time

### SPOUSE/PARTNER EMPLOYMENT INFORMATION

Is your spouse/partner currently employed?  Yes  No

(If yes, please complete the following information.)

Applicant's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Position \_\_\_\_\_ Length of Employment \_\_\_\_\_

Supervisor's Name \_\_\_\_\_  Part-Time  Full-Time

With which programs do you need assistance? \_\_\_\_\_

List all household members who will participate in these programs.

What is the program fee or cost? \_\_\_\_\_

How much do you feel you can afford to pay? \_\_\_\_\_

Have you previously received assistance from the YMCA?  YES  NO When? \_\_\_\_\_

For which programs did you receive assistance? \_\_\_\_\_

## YMCA FINANCIAL ASSISTANCE APPLICATION

The YMCA knows that people often need a helping hand. Our financial assistance policy and application are designed to provide that for anyone who qualifies.

The YMCA of Greater Hartford is committed to serving everyone regardless of their financial capabilities. Thanks to the Annual Support Donors, United Way, earnings from the YMCA Endowment Fund and other foundation and government grants, the YMCA offers financial assistance for all its programs.

All applications are kept confidential. The YMCA uses a sliding fee scale based on income and family size to determine assistance. In special circumstances, additional help may be applied for and granted.

All YMCA members receive the same membership and program benefits regardless of whether or not they are receiving assistance. Providing you with the opportunity to receive this help allows the YMCA to meet its mission of serving everyone in the community.

The YMCA will ask you to pay at least some of the program fee.

The YMCA will ask you to re-submit information each summer that you apply.

The YMCA will provide an answer to your request within four weeks of receipt of all materials.

**Any application that is missing required information will not be reviewed.**

<p><b>TOTAL HOUSEHOLD MONTHLY INCOME</b> <u>before</u> deductions of all working members of the household. Documentation must be submitted.</p> <p>\$ _____ 1) Your Gross Monthly Salary</p> <p>\$ _____ 2) Other's Gross Monthly Salary</p> <p>\$ _____ 3) Child Support</p> <p>\$ _____ 4) Aid to Dependent Children</p> <p>\$ _____ 5) Public Assistance</p> <p>\$ _____ 6) Snap Benefits</p> <p>\$ _____ 7) Reduced School Lunch Program</p> <p>\$ _____ 8) Social Security/Disability</p> <p>\$ _____ 9) Unemployment</p> <p>\$ _____ 10) Pension/Retirement</p> <p>\$ _____ 11) Alimony</p> <p>\$ _____ 12) Care 4 Kids</p> <p>\$ _____ 13) Other (please explain)</p> <p>_____</p> <p>\$ _____ TOTAL MONTHLY INCOME</p> <p>\$ _____ TOTAL MONTHLY EXPENSES</p>	<p><b>With this application, please attach the following documentation:</b></p> <ol style="list-style-type: none"> <li>1. Copies of the last 2 pay stubs from ALL current employers for all working members of the household.</li> <li>2. Copy of your most recent Tax Return (IRS Form 1040) with copies of all supporting W-2 forms for all tax filers in the household. If you have not filed you will need to provide proof of your non-filing status. To receive proof of non-filing status, call 1-800-829-1040. If you have never filed, or have not filed in the last 5 years, you need to request Form 4506-T.</li> <li>3. Proof of public assistance if applicable (i.e. Medicaid, Snap Benefits, and SSI).</li> <li>4. What would you average your monthly household expenses to be? \$ _____</li> </ol>
---	---

Please tell us about the circumstances that should be considered in reviewing your application.

---

---

---

---

---

---

---

---

---

---

Please attach any other additional information.

**TERMS OF AGREEMENT**

I, \_\_\_\_\_, do hereby certify that I have read and completed the attached YMCA of Greater Hartford Financial Assistance application indicating the total number of persons in my household and the total gross annual income received during the past twelve (12) months as required to determine eligibility to participate in YMCA programs on the basis of low/moderate income designation.

I declare that the aforementioned statements are true and correct to the best of my knowledge. If requested, I will provide further substantiation of all facts, including current income. I hereby authorize the YMCA of Greater Hartford to obtain employment income verification from my employer. I agree to inform the YMCA of Greater Hartford of any material change to my financial status and employment.

I understand that any assistance I might receive is due to the generosity of others, and I agree that if I submit false information or don't tell the YMCA about changes in my situation, I could lose this assistance.

I will keep my end of the financial commitment outlined in my financial aid package. If I am granted a payment plan, I agree to keep those payments up-to-date. I understand that the YMCA could end the assistance granted to my family if I do not uphold my financial commitment.

Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

You will be notified by mail as soon as action is taken on this application. **Once notified, you will have 10 business days to communicate, via email, whether you will accept the scholarship offer. If you do not respond to the offer within 10 business days your offer and registration will be cancelled.**

<p><b>OFFICE USE ONLY</b> Date Received _____ Date Reviewed _____ Date Contacted: _____ Program/Session: _____ Total Program Cost: _____ Assistance Awarded _____ Applicant's Portion _____</p>
---

**CAMP JEWELL YMCA**  
Financial Aid Request Sheet

This form must be completed by a parent/guardian and submitted as part of the financial aid application. This information is kept confidential and is necessary for determining how our limited financial aid will be granted.

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Returning Camp Jewell Camper? \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 List name of agency or organization you are applying through, if applicable: \_\_\_\_\_

Please check the amount you can afford (this is not guaranteed):

**Traditional Summer Camp and Leaders in Training**

(Program Cost: \$1829)

\_\_\_ Campership \$629, Family pays \$1200  
 \_\_\_ Campership \$914, Family pays \$915  
 \_\_\_ Campership \$1229, Family pays \$600

**Counselor in Training & Mavericks**

(Program Cost: \$2099)

\_\_\_ Campership \$699, Family pays \$1400  
 \_\_\_ Campership \$1049, Family pays \$1050  
 \_\_\_ Campership \$1399, Family pays \$700

**Ranch Camp (Jr. Ranch, Drivers & Top Hands)**

(Program Cost: \$2199)

\_\_\_ Campership \$724, Family pays \$1475  
 \_\_\_ Campership \$1099, Family pays \$1100  
 \_\_\_ Campership \$1474, Family pays \$725

NOTE: Campership funds cannot be applied to Trading Post. Campership awards are only valid for a single session.

Please check a session, including alternative sessions, in order of preference:

	Session 1 June 23-July 6	Session 2 July 7-20	Session 3 July 21-Aug. 3	Session 4 Aug. 4-17
Traditional Camp or LIT	_____	_____	_____	_____
CIT	_____	_____	_____	_____
Ranch	_____	_____	_____	_____

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

It is important to be sure your financial aid application is submitted in its entirety. **Any application that is missing required information will not be reviewed.** All of the following items are required in order for your application to be considered complete:

\_\_\_\_\_ Summer Camp Registration Form for Each Child

\_\_\_\_\_ Financial Assistance Application (3 pages)

\_\_\_\_\_ Financial Aid Request Sheet

\_\_\_\_\_ Copies of the last two pays stubs from ALL current employers for all working members of the Household

\_\_\_\_\_ Copy of your most recent Tax Return (IRS Form 1040), including copies of all supporting W2 forms for all tax filers in the household. If you have not filed you will need to provide proof of your non-filing status. This can be obtained by calling the IRS at 1-800-829-1040. If you have never filed, or have not filed in the past five years, you need to request Form 4506-T.  
\_\_\_\_\_ Proof of public assistance if applicable (i.e. Medicaid, SNAP, SSI, etc.).

\_\_\_\_\_ A \$50 deposit (refundable if financial aid offer is not accepted).

