



FROST VALLEY YMCA

Financial Assistance Program

Group & Family Retreats Department

FROST VALLEY YMCA ADDRESS: 2000 Frost Valley Road, Claryville, NY 12725**TEL:** 845-985-2291 **FAX:** 845-985-0056 **EMAIL:** reservations@frostvalley.org **WEB:** frostvalley.org

Groups & Organizations

Frost Valley YMCA is a values-driven organization that fosters youth development, healthy living, and social responsibility through outdoor educational and recreational programs for all. YMCAs serve people of all ages, backgrounds, abilities and incomes.

Frost Valley YMCA believes that its programs and services should be available to everyone, regardless of ability to pay. For this reason, the Frost Valley YMCA offers financial assistance that is based on a sliding scale designed to fit each individual's financial situation. Over the years, we have found that the financial assistance program is most used by:

- Youth referred by schools, churches and organizations.
- Children whose parents are temporarily out of work.
- Those who are divorced and are experiencing financial hardships.
- Families on fixed incomes.
- Families who are overwhelmed by medical bills.
- Those experiencing other financial hardships.

Frost Valley YMCA requires that individuals complete the **Financial Assistance Application** and provide the required attachments so that we can provide financial assistance in a fair and consistent manner. The YMCA also requires that individuals reapply each year.

A Frost Valley YMCA representative will contact you regarding your application within 14 business days.

Through the financial assistance program, Frost Valley YMCA seeks to improve the health and well-being of all people and is committed to building strong kids, families and communities.

FINANCIAL AID APPLICATION FORM

Frost Valley's scholarship program has been established to assist groups with limited financial resources who desire to participate in Frost Valley's Conference Programs. Funds for this program are provided by private donors, foundations and through grant applications.

Group Information

Name of Group: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Email Address: _____

Dates of Trip: _____

Please tell us about your group or organization:

Please tell us how your visit to Frost Valley YMCA will further the mission or objective of your group:

Please tell us about your budget:

Demographics

Total number of people in your group: _____

Total number of people attending Frost Valley: _____

How many people are in need of financial assistance? _____

Can we contact your group after your Frost Valley trip to provide us with follow up information for the use in obtaining grants and donations in the future. These would be in the form of testimonials, family and group leader quotes, pictures, etc.

Yes No

Group Leader Signature: _____ Date: _____

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Name of Applicant: _____

I. Application is:

Approved based on sliding scale (complete section II)

Designated Staff Signature: _____ Date: _____

Approved with deviation from sliding scale (complete section II)

Reason for deviation: _____

Designated Staff Signature: _____ Date: _____

Department Director Signature: _____ Date: _____

Denied

Reason: _____

Designated Staff Signature: _____ Date: _____

Department Director Signature: _____ Date: _____

II. Registration Information

Program/Session Requested _____

Program/Session Awarded _____

Program/Session Fee \$ _____

Amount of Scholarship Awarded \$ _____

Balance Due \$ _____