

# 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

# Family & Individual Participants

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. For this reason, 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 helped many individuals and families to experience Frost Valley's programs, regardless of ability to pay.

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.

# **CONFIDENTIAL FORM**

## **FAMILY & INDIVIDUAL FINANCIAL ASSISTANCE APPLICATION**

#### Applications not fully completed or without proper attachments <u>cannot be processed</u> and will be returned.

Through or Financial Assistance Program, which is funded by contributions to our YMCA, more people are able to participate in the **Family and Conference** programs.

# To qualify for our Financial Assistance Program, you must fully complete this form and attach at least one of the following documents:

- Most recent Internal Revenue Service Tax Statement and/or your SSI allocation statement.
- Copies of three current or recent check stubs, or other proof of your and/or your spouse's salary.
- Social Services statement/Foster child payment slip.
- Food stamp information.

#### Please print all information.

#### 1. Name of Adult Filing Application:

	Date:					
2.	Name of attendee/family applying:					
	Address:					
	City:	State	e:	_ Zip:		
Day Phone: Ev		Eveni	ning Phone:			
	Email:					
3. Family of Applicant						
	Number of family members (in	cluding self):				
4.	Income Information					
	(Total Annual household incom ex. Child support, welfare bene			e sources		
	Total Amount of Income:					
5.	Current Employment Status	5:				
	Parent/Guardian 1:	full time employed	part-time employed	unemployed		
	Parent/Guardian 2 (if applicabl	e):  full time employed	part-time employed	unemployed		

### 6. Parent/Guardian 1 place of employment:

	Organization/Company Name:					
	Address:	City:	State:	Zip:		
	Position:	Pho	ne:			
7.	Parent/Guardian 2 place of employment (if applicable):					
	Organization/Company Name:					
	Address:	City:	State:	Zip:		
	Position: Phone:					
8.	Have you ever applied for financial assistance before at the YMCA? <a>D</a> Yes No					
	If Yes, please list which branch and when:					
9.	What financial contribution will you make towards your child's Camping expenses?					
	\$					

### 10. Optional:

You may choose to include with this application a written statement that explains any extenuating circumstances that this application does not include and which should be considered for financial assistance.

Signature
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I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of financial assistance.

### Have you:

- □ Filled out the application completely?
- □ Answered question #9?
- □ Attached all the required documents?
- □ Signed the application?

### Please return completed form, along with appropriate attachments, to:

Frost Valley YMCA 2000 Frost Valley Road Claryville, NY 12725

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Date