



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ALWAYS HERE FOR YOU & OUR COMMUNITY

FINANCIAL ASSISTANCE



## WALLINGFORD FAMILY YMCA

# LEARN ABOUT OUR PROMISE TO OUR COMMUNITY

## COMMUNITY SUPPORT CAMPAIGN

A YMCA Initiative

### What is YMCA financial assistance?

The Wallingford Family YMCA believes in providing membership and program services to all who desire to participate. The YMCA's financial assistance program, supported by our annual Community Support Campaign, uses all available resources to provide support to those who have financial need and qualify for assistance.

### Who is eligible for YMCA financial assistance?

Anyone may apply for financial assistance who lives or works in our service area. Approval of the application is made on an individual basis.

### Is it possible to join the YMCA for free?

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.

### How will the financial assistance amount be determined, and how quickly can I expect to receive financial assistance?

Scholarships are determined on an individual basis using a sliding-fee scale based on total household income and number of dependents. The scale assists the Finance Department in determining the amount of scholarship awarded and its applicable time frame. Once the financial assistance application and required documents have been submitted, the YMCA will contact you within four weeks to share the outcome of your application.

### How long will the financial assistance continue?

Need for financial assistance is assessed at the time of request and reviewed on a regular basis.

### Who will be reviewing my application?

The Executive Director and the Finance Department are the only people who will review your application. All information is handled confidentially.



### How can I give back to the YMCA?

You can give back to the YMCA in many ways. Each YMCA has volunteer opportunities available from coaching a youth team to working on the annual Community Support Campaign. Contact Debbie Chappell, HR Director, at [dchappell@wallingfordymca.org](mailto:dchappell@wallingfordymca.org) to find out how you can help!

### May I do anything in return for this assistance?

Yes! At the YMCA, youth and adults are encouraged to volunteer. Also, YMCA donors appreciate learning how their contributions are used. Submitting a short note about how you or your family benefited from the financial assistance is appreciated.

### If you have questions about this application, please contact:

#### Chris Kingston

[ckingston@wallingfordymca.org](mailto:ckingston@wallingfordymca.org)  
203-269-4497 x13

#### Kathie Smith

[ksmith@wallingfordymca.org](mailto:ksmith@wallingfordymca.org)  
203-269-4497 x15

# FINANCIAL ASSISTANCE APPLICATION



**BOTH SIDES of this document must be completed in full for consideration. All of the following information must be included before processing will occur:**

- Last two paycheck stubs from all employers of household members
- Most recent W2 and the most recent income tax return (1040) for the household
- Signed letters from employers if any of the above is not available
- Proof of all public assistance for household members
- All household income sources and assistance **MUST** be documented and included with this application - Special circumstances must include a written, signed letter

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|                                  |  |  |   |                                      |
|----------------------------------|--|--|---|--------------------------------------|
| <b>Personal Information</b>      | Name of Person Requesting Assistance/Adult Head of Household |  | Birthdate                                     | Gender                               |
|                                  | Spouse's Name (if applicable)                                |  | Birthdate                                     | Gender                               |
|                                  | Address  | City   | State   | Zip                                  |
|                                  | Day Phone  | Evening Phone  | Cell Phone                                    |                                      |
|                                  | Email Address  |  |   |                                      |
| <b>Dependants Living at Home</b> | Number of Adults in Household _____                          |  | Number of Children in Household _____         |                                      |
|                                  | Name   | Birthdate  | Gender  |                                      |
|                                  | Name   | Birthdate  | Gender  |                                      |
|                                  | Name   | Birthdate  | Gender  |                                      |
|                                  | Name   | Birthdate  | Gender  |                                      |
|                                  | Name   | Birthdate  | Gender  |                                      |
| <b>Employment</b>                | Employer Name 1  | Phone  | Household Member Employed                     |                                      |
|                                  | Employer Name 2  | Phone  | Household Member Employed                     |                                      |
|                                  | Employer Name 3  | Phone  | Household Member Employed                     |                                      |
| <b>Income/Expenses</b>           | <b>Household Monthly Income</b>                              | <b>Household Monthly Expenses</b>                                    |   | <b>Your present income level is:</b> |
|                                  | Wages _____  | Rent/Mortgage _____  | <input type="checkbox"/> Under \$14,999       |                                      |
|                                  | Social Security _____  | Groceries _____  | <input type="checkbox"/> \$15,000 to \$18,999 |                                      |
|                                  | Food Stamps _____  | Utilities _____  | <input type="checkbox"/> \$19,000 to \$22,999 |                                      |
|                                  | Unemployment _____   | Car Payments _____   | <input type="checkbox"/> \$23,000 to \$26,999 |                                      |
|                                  | Child Support/Alimony _____                                  | Child Care _____   | <input type="checkbox"/> \$27,000 to \$30,999 |                                      |
|                                  | Pension/Retirement _____                                     | Medical _____  | <input type="checkbox"/> \$31,000 to \$34,999 |                                      |
|                                  | All Other _____  | All Other _____  | <input type="checkbox"/> Over \$35,000        |                                      |
| <b>TOTAL</b> _____               | <b>TOTAL</b> _____   | <b>What is the dollar amount that you can contribute each month?</b> |   |                                      |

I affirm to the best of my knowledge that the above information is true and complete. I agree to provide income documentation in full, and for all members of my household. I understand that this application expires annually, unless otherwise notified, and I must reapply as requested by the Finance Department to continue receiving assistance.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE ALLOW A MINIMUM OF FOUR WEEKS FOR YOUR APPLICATION TO BE PROCESSED.**



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Please check all areas you are looking for financial assistance:

**Membership**

**Child Care (MUST apply to Care 4 Kids FIRST)**

| Participant Name | School Site/Child Care Center | Days Needed (Please Circle) |
|------------------|-------------------------------|-----------------------------|
|                  |                               | M T W R F AM PM             |
|                  |                               | M T W R F AM PM             |
|                  |                               | M T W R F AM PM             |
|                  |                               | M T W R F AM PM             |

**Summer Camp (MUST apply to Care 4 Kids FIRST)**

| Participant Name | Sessions | Before/After Care (Please Circle) |
|------------------|----------|-----------------------------------|
|                  |          | Before After                      |
|                  |          | Before After                      |
|                  |          | Before After                      |
|                  |          | Before After                      |

**Youth Swim, Sports & Play**

| Participant Name | Class |
|------------------|-------|
|                  |       |

**Other - Please List**

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