

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

# YMCA OF GREATER HARTFORD FINANCIAL ASSISTANCE APPLICATION

# **HOW TO APPLY AND WHAT TO EXPECT**

In order to apply for Financial Assistance, you must supply the YMCA with the following documents. Complete the YMCA Financial Assistance Check List for the program area needed:

Camp and Childcare Financial Assistance Checklist	Membership and Program Financial Assistance Checklist
Financial Assistance Application	☐ Financial Assistance Application
O 2022 1040 Tax Returns	☐ 2022 1040 Tax Returns
O Two Most Current Paystubs for each income-earning member of the household	Two Most Current Paystubs for each income-earning member of the household
O Proof of any Other Income (i.e. child support, social security benefits, etc.)	Proof of any Other Income (i.e. child support, social security benefits, etc.)
☐ Care4Kids Application	
Care4Kids Parent Agreement Form	
Families applying for Camp or Childcare Financial Assistance are required to apply for Care4Kids.  Go to www.ctcare4kids.com—print and complete	

Please note if you are unable to supply a tax return we must receive proof of non-filing status. You may call the IRS at 1-800-829-1040 to request this.

All applications must be 100% complete, with all applicable attachments or your application will be denied and returned.

#### **Approval and Payment Process**

the Care4Kids application and the Provider Agreement forms located on their website.

You will receive an approval or denial letter within 14 days of receipt of application. You must return the signed copy of the letter by the date indicated in order to receive the financial assistance. If the letter is not returned, your financial assistance will be cancelled.

If you decline the scholarship and wish to cancel the enrollment in our program, please contact the YMCA **in writing** via email or mail the letter to the YMCA branch.

### **Camp Jewell YMCA**

6 Prock Hill Road Colebrook, CT 06021 860-379-2782 Camp.Jewell@GHYMCA.org

# **Camp Woodstock YMCA**

42 Camp Road Woodstock Valley, CT 06282 860-974-1336 CWregistrar@GHYMCA.org

#### **East Hartford YMCA**

770 Main Street East Hartford, CT 06108 860-289-6612 EastHartford@GHYMCA.org

#### **Downtown Hartford YMCA**

90 State House Square Hartford, CT 06103 860-522-4183 DowntownY@GHYMCA.org

#### **Glastonbury YMCA**

95 Oakwood Drive Glastonbury, CT 06033 860-633-6548 Glastonbury@GHYMCA.org

#### **Hale YMCA**

9 Technology Park Drive Putnam, CT 06260 860-315-9622 HaleY@GHYMCA.org

#### Farmington Valley YMCA/ Camp Chase

97 Salmon Brook Street Granby, CT 06035 860-653-5524 FarmingtonValleyY@GHYMCA.org

### **Indian Valley YMCA**

11 Pinney Street Ellington, CT 06029 860-871-0008 IndianValleyY@GHYMCA.org

#### Tri-Town YMCA

Administrative Office 95 Oakwood Drive Glastonbury, CT 06033 860-633-6548 TriTownY@GHYMCA.org

#### **West Hartford YMCA**

Administrative Office 149 Farmington Avenue Plainville, CT 06062 860-793-9631 WestHartfordY@GHYMCA.org

# Wheeler YMCA

149 Farmington Avenue Plainville, CT 06062 860-793-9631 WheelerY@GHYMCA.org

# Wilson-Gray YMCA

444 Albany Avenue Hartford, CT 06120 860-241-9622 WilsonGrayY@GHYMCA.org



# FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

# YMCA OF GREATER HARTFORD FINANCIAL ASSISTANCE APPLICATION

First Name:	MI:	Last Name:	
Address:			
Town/City:		State:	Zip Code:
Email Address:	Preferre	ed Phone:	Birth date:
Employer Name:			
Employer Address:			
Town/City:	State:	Zip Code:	
Job Title:		Business Phone:	
Spouse/Partner Name:	MI:	Last Name:	
Employer Name:			
Employer Address:			
Town/City:		State:	Zip Code:
Job Title:		Business Phone:	
Number of Dependent Childre	en:		
Name:	Birth date:	Name:	Birth date
Name:	Birth date:	Name:	Birth date
Name:	Birth date:	Name:	Birth date
Financial Assistance is Reques	sted For:	Other	
	Spouse/Partne	-	: \$
	mount):		
	☐ Monthly Mortgage/Rent: _ sidy? ☐ Yes ☐ No Amour		
	·	-	
<ul><li>Your most recently filed tax</li><li>Two current paycheck stubs</li></ul>		combined total income	ts within 2 weeks of application:
required documentation withi	n 2 weeks, my membership rat 12 months from the date of th	e will revert to the full	tand that if I do not provide the fee. I understand that I must re-apply tre-apply for financial assistance, my
Applicant Signature:			Date:

YMCA of Greater Hartford Staff to Complete this Section

Member Account Number
Branch

Percent of Subsidy
Begin Date
Review Date

Approved By
Date Entered