



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **Meeting Waters YMCA Financial Assistance Policies & Procedures**

### **Policy Statement**

It is the policy of Meeting Waters YMCA to provide services to all who wish to participate regardless of their ability to pay full program fees. While Meeting Waters YMCA sets program fees at rates that are affordable to most people in our service area, we realize that they are still out of the reach of some so a limited amount of financial assistance is available to those who cannot afford to pay the entire program fee. Assistance is awarded based on each applicant's ability to pay and the funds available.

### **Eligibility**

Financial assistance will be granted based on the need demonstrated by household income and/or extenuating circumstances. Applicants are required to pay some portion of the program fee for which they are requesting assistance. This payment demonstrates both a desire and a commitment to participate. In general, we use the federal guidelines published by the Agency of Health and Human Services to determine percentages of financial aid to be awarded.

### **Other Forms of Financial Assistance**

Our Y-ASPIRE, Y Day Camp, and Snow Day programs are all licensed school-age child care programs. Because of this certification, families of participants in any of these programs may be eligible for Child Care Financial Assistance from their home state. This federally-funded program is quite liberal in its qualifying standards (example - in Vermont a family of four with a household income of up to \$73,800 qualifies for assistance). The assistance program supports families where all parents in the household are working or in a job training program during the hours for which child care is needed. Since this funding is far greater than what Meeting Waters YMCA is able to provide for scholarship assistance, **we require all people applying to us for assistance to first apply for child care financial assistance in their state of residence.** In this way, our limited pool of scholarship resources can be reserved for those not eligible for other forms of assistance. For more information call the Eligibility Specialist closest to you: Springfield 886-5242; Brattleboro 257-7852; Claremont or Keene 800-624-9700.

### **Sources of Funding of Meeting Waters YMCA Scholarship Program**

The ability of the Meeting Waters YMCA to make their programs accessible to all, regardless of financial resourcefulness, is made possible by charitable contributions from hundreds of area residents, civic organizations, businesses and foundations to our Reach Out to Youth Campaign as well as from foundation grants.

### **Limitations of Financial Assistance**

Many contributors to our Reach Out to Youth Fund have criteria they place on the use of those funds. This may impact the level at which we can help everyone that requests assistance. For example, many civic groups or municipalities stipulate that their contributions be passed on to only residents of their town. Therefore, we would have less scholarship assistance for children, teens, adults or families from towns from which contributions are not made. We do our best to meet everyone's needs but at times the level of needs surpasses our amount of financial resources.

## **Meeting Waters YMCA**

mailing address: PO Box 511, Bellows Falls, VT 05101

administrative office: 49 The Square, Bellows Falls, Vermont 05101 phone: 463-4769

Lewis Day Camp: Route 5/Missing Link Road, Springfield, VT 05156 phone: 885-8131

[info@meetingwatersymca.org](mailto:info@meetingwatersymca.org)

[www.meetingwatersymca.org](http://www.meetingwatersymca.org)

fax 463-3447

**Strengthening the foundations of community through youth development, healthy living and social responsibility.**

# Meeting Waters YMCA Financial Assistance Application

(The information provided below will be kept confidential)

Program Participant's Name: \_\_\_\_\_

Parent's/Guardian's name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (D) \_\_\_\_\_ (E): \_\_\_\_\_ Best time(s) to call: \_\_\_\_\_

Program for which assistance is sought: \_\_\_\_\_

Program Site (if Y-ASPIRE): \_\_\_\_\_ Session(s) (if Y Day Camp): \_\_\_\_\_

Number of members of your household (living year round as a family at the above address, whether or not they are related by blood or marriage): total: \_\_\_\_\_ children: \_\_\_\_\_ adults: \_\_\_\_\_

Total **monthly** household income & benefits:

Type	Amount (monthly)	Please list any extenuating expenses that demonstrate and justify your need for assistance-use the back if necessary:
Wages	_____	_____
Wages	_____	_____
Wages	_____	_____
Welfare/AFDC	_____	_____
Food stamps	_____	_____
Rent assistance	_____	_____
Fuel assistance	_____	_____
Social security	_____	_____
Workers compensation	_____	_____
Child support	_____	_____
Alimony	_____	_____
Any other income/benefits	_____	_____
<b>Total monthly household income</b>	_____	_____

**You must attach proof for each amount shown above (pay stubs, etc.). Your application will not be considered unless documentation is attached to this form.**

It is a requirement to apply for State Childcare Financial Assistance if you are requesting financial assistance for Y-ASPIRE, YDay Camp, KinderCamp or Snow Days Programs.

Date Applied \_\_\_\_\_ Office applied at: \_\_ Brattleboro \_\_ Springfield \_\_ Claremont \_\_ Keene

- I am awaiting determination.
- I was denied subsidy. Reason given: \_\_\_\_\_
- I was approved for State Child Care Financial Assistance.

**The information on this form, and submitted with it, is correct and true. I understand that an application for assistance based on false or incomplete information may constitute fraud.**

\_\_\_\_\_  
(signature of parent or legal guardian)

\_\_\_\_\_  
(date)

Please return this application and **all supporting documents** to:

Meeting Waters YMCA, P.O. Box 511, Bellows Falls, VT 05101, or fax to 802-463-3447

For Office Use Only:

Weekly Tuition: \_\_\_\_\_ Amount Awarded: \_\_\_\_\_ Fund Source: \_\_\_\_\_ Time Period: \_\_\_\_\_