



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

MEETING WATERS YMCA

FINANCIAL ASSISTANCE APPLICATION

The Essence of the Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Meeting Waters YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

Everyone is Welcome

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Reach Out To Youth Campaign, Meeting Waters YMCA provides assistance based on each individual family's needs and circumstances.

Committed to Our Community

Determining assistance amounts is handled by the Executive Director in a fair and consistent manner. Every Y participant receives the same program, regardless of whether or not they receive assistance.. YMCA participants can feel confident knowing that they are part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



Applicant Information

Guardian Name: _____

Child's Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Primary Phone: (_____) _____

Email: _____

I Am Applying For

Circle the program for which you are applying

Y-ASPIRE (Site Name) _____

Y-Day Camp (Sessions) _____

KinderCamp (Sessions) _____

What do you feel you can afford to pay for this program?

Briefly tell us why you need financial assistance

Your Family

How many people live in your household?

_____ Adults _____ Children

What is your pay before taxes?

Hours worked per week: _____

Hourly rate: _____

Or

Yearly salary _____

What is the pay, before taxes, of other household members?

Hours worked per week: _____

Hourly rate: _____

Or

Yearly salary _____

Other Assistance You Receive

Circle all that apply

Food Stamps Rent Assistance

Fuel Assistance Social Security

Child Support Alimony

Have you applied for state childcare financial assistance? Yes No

Signature

I hereby state that all information provided to the YMCA is true and accurate:

Signature

Date

Please return form by fax -
802-463-3447, e-mail to
info@meetingwatersymca.org, or mail to
PO Box 511, Bellows Falls, VT 05101