

INFORMATION ABOUT YMCA EAST HAMPTON RECENTER FINANCIAL ASSISTANCE

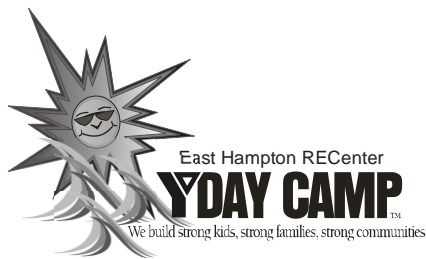
- Applications will be processed on a *first come, first serve basis*. The YMCA East Hampton RECenter will provide assistance as funding allows.
- The majority of all scholarships are partial scholarships.
- Eligibility is determined by financial need utilizing a sliding scale or other.
- Priority will be given to new applicants.
- All program participants are required to have a YMCA Membership.
- **Summer camp applications are due no later than Feb. 29, 2012.** You will be notified by mail within 60 days regarding the status of your application. Additional information may be required to complete your application
- Summer Camp – Registration is required for each child to ensure a place in the YMCA Summer Camp

INSTRUCTIONS FOR COMPLETING THE FINANCIAL ASSISTANCE APPLICATION FORM

In order to qualify for financial assistance you must submit:

1. **The completed YMCA East Hampton RECenter Financial Assistance Application (see attached).** The purpose of this form is to serve as the basic application for assistance, as well as to provide the “Y” with necessary demographic information for reporting purposes. This application must be fully completed. Failure to complete the application *in its entirety* will result in delays in the review of your request.
2. **Proof of all household income (see checklist).** Applicants must reports ALL household income. Your income should not exceed or be more than your monthly expenses. Previous year’s tax forms (1040 as well as W-2) and other means of income must be submitted for all members of the household. Other methods of verifying household income include submitting a photocopy of current monthly check(s) such as DSS print-out or Social Security award letter, food stamps, wage stubs (including those of adult children or significant other or other adults in the household), child support, alimony, foster care benefits, unemployment benefits, pension benefits, worker’s compensation, disability insurance, free or reduced school lunch documentation, and notarized statements verifying financial support.
3. **A Statement of Need.** Each request will require a letter (any language is acceptable) explaining the need for scholarship assistance (i.e. need to pay unforeseen bills, delays in monthly income, lack of excess income, illness/disability).
4. **Proof of Divorce or Separation.** All applicants who are divorced or separated must provide documentation verifying their marital status. Examples include a copy of the divorce decree, separation agreement or a letter (on agency letterhead) from the lawyer or law firm representing you indicating you marital status. In case of joint custody a letter of agreement for child to attend the YMCA East Hampton RECenter Camp must be signed and notarized for child to attend or to be considered for the request.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS



DATE RECEIVED _____

**YMCA East Hampton RECenter 2011
FINANCIAL ASSISTANCE APPLICATION FORM**

APPLICANT INFORMATION

PLEASE PRINT

Child's Name _____

Child's Address: _____ City: _____, NY Zip: _____

Name of Parents(s) or Guardian(s): 1. _____ 2. _____

Marital Status Married Single Divorced Separated

Applicant lives with Mother Father Both Mother and Father Guardian(s)

Mother's/Guardian's Place of Employment _____ Occupation _____

Home Phone # _____ Work # _____ Cell # _____

Father's/Guardian's Place of Employment _____ Occupation _____

Home Phone # _____ Work # _____ Cell # _____

Information on people living in the household:

ADULTS		CHILDREN	
Date of Birth	Age	Date of Birth	Age

Do you receive assistance through DSS, Social Security or Free or Reduce School Lunch? Yes No
YOU MUST PROVIDE PROOF OF LEGAL DOCUMENTATION

Sessions you are requesting?

February Break Camp Spring Break Camp Summer Camp Holiday Break Camp

Type of Summer Camp requesting for (check all that apply):

Kiddie Camp Youth Camp Quest Camp Arts Camp Early Drop-off Late Pick-up

**YMCA East Hampton RECenter 2012
FINANCIAL ASSISTANCE APPLICATION FORM**

BUDGET WORKSHEET

Child's Name _____

Check one for each category

Ethnicity/Race		Medical Insurance	
Asian		Private	
Black		Medicaid	
Hispanic		Medicare	
Native		Other	
American		None	
White			
Other			

Please indicate which types of income/information you have submitted on the checklist below.
(* Indicate forms are REQUIRED for reviewing)

<i>Type of Income</i>	<i>Check off</i>	<i>Mandatory</i>
W-2 Tax Form		
1040 Tax Form for 2010		* Required
DSS Budget Printout		* if applicable
Free or Reduced School Lunch Document		* if applicable
Social Security Award Letter		* if applicable
Wage Stubs		* Required
Foster Care Benefits		
Worker's Compensation		
Disability Insurance		
Unemployment Benefits		
Notarized statement of Financial Assistance		
Letter of Need for Assistance		* Required
Divorce/Separation Papers		* if applicable
Child Support/Alimony		* if applicable
Notarized Letter for Enrollment to Camp		* Joint Custody Only
Other-		

I verify the information on this application and documents to be true and completed. If the information is not, financial assistance may be withheld.

Applicant's Signature _____ Date _____

FINANCIAL ASSISTANCE BUDGET WORKSHEET

Child's Name _____

**NOTE: If Month or Annual income is less than expenses then explanation is required in comment area.
Any income or expense category left blank or \$0 must be explained in comment area.**

INCOME	MONTHLY	ANNUALLY	COMMENTS
Wage/Salary 1 (Wage Stubs)			
Wage/Salary 2 (Wage Stubs)			
Interest & Dividends			
Retirement/Other Income			
Child Support			
Alimony			
Social Security			
Disability Insurance			
Unemployment Benefits			
Other			
TOTAL(A)			

EXPENDITURES	MONTHLY	ANNUALLY	COMMENTS
Mortgage/Rent			
Maintenance/Repairs			
Income Taxes			
Furniture/Appliances			
Home Insurance			
Auto Insurance			
Auto Upkeep/Fuels/Tolls			
Transportation Bus/Train			
Credit Cards/Other Loans			
Groceries/Other Food			
Health Care/Medical Costs			
Clothing			
School Expenses			
Child Care			
Utilities			
Home Telephone/Cable TV			
Cell Phone			
Educational Expense			
TOTAL (B)			
TOTAL NET (A+B)			

I certify that the information submitted on this application and budget worksheet is correct and I have made no omissions

Parent or Guardian _____
Signature
Date