



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

OPEN DOORS

FINANCIAL ASSISTANCE

The Y: So Much More.



oceancommunityymca.org

Arcadia Branch: PO Box 540, 1190 Main St, Wyoming, RI 02898

Mystic Branch: 1 Harry Austin Dr. Mystic, CT 06355

Westerly-Pawcatuck Branch: 95 High St, Westerly, RI 02891

(401) 539-2306

(860) 536-3575

(401) 596-2894

Frequently Asked Questions

Scholarships are available to adults, children, and families who are unable to attend the Y or its programs due to their financial situation.

What Makes Financial Assistance Possible?

Our Annual Campaign, which is led by volunteers, raises funds that are used directly for financial assistance and are available for children, adults and families in need.

Who can participate?

Scholarships are available to anyone who has the desire to become a member or participate in Y programs, and meets the financial eligibility guidelines of the program.

What is the philosophy behind Financial Assistance?

Ocean Community YMCA's volunteers and staff know that our programs and services have a positive impact on those who participate, and also on our community. We believe that these programs and services should be available to everyone who wants to be involved.

How can I apply?

Complete and submit the attached form, along with all of the required financial information listed on the application. Your application will be processed in 30 days and will receive notification by mail regarding your award amount. Scholarships are awarded on a sliding scale, based on annual household income.

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Ocean Community YMCA

Financial Assistance Application

The Ocean Community YMCA offers financial assistance to ensure that no one is turned away due to financial limitations. Funding is made possible through donations given to our Annual Campaign. Anyone wishing to contribute to the YMCA should contact their local Branch.

Instructions:

1. The participant or parent/guardian must complete the attached financial assistance application.
2. Attach all necessary supporting documents, to include at least one of the items listed below; the YMCA will not process an incomplete application. Additional documents may be requested.
 - Most recent year 1040 tax return.**
 - Copy of benefits Determination Letters (for Welfare, Free Lunch, SSI).**
 - Current, consecutive, pay stubs from the last month.**
3. Please sign and return to your local Ocean Community YMCA addressed to the Membership Department.
4. Applications must be submitted 30 days prior to the start of any programs or camp.

Once all the proper information has been received with a signed application, the YMCA will process the financial assistance request and notify the applicant by mail approximately 30 days. It is the responsibility of the awardees to set up their Memberships at the Welcome Center, once notice of the award has been mailed. Please see a YMCA Welcome Center Team Member with any questions.



OFFICE USE ONLY	
Branch	
Date Received	
WC Staff Initials	
All Documents?	Y or N
Member Unit ID	

Ocean Community YMCA Financial Assistance Application

Today's Date: ___/___/___ ___ New ___ Renewal

Primary Applicant Name: _____ Birth Date: ___/___/___

Address: _____ City/State/Zip: _____

Home Phone #: _____ Mobile #: _____

Email Address: _____

Employer/Occupation/Length of Employment: _____

YMCA Membership Desired:

Youth (0-12) Teen (13-17) Young Adult (18-22)

Adult (23-64) One-Adult Family Two-Adult Family

Senior (65+) Senior Couple (both 65+)

Please list all additional people living in your household:

Name	Birth Date	Gender	Relationship	Employer/School

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We believe that a strong sense of ownership and pride is developed if the recipient contributes to the cost of his/her YMCA involvement. For this reason, all applicants are asked to pay a portion of the fees involved.

Monthly Income: Total amount of monthly income *before* deductions.

Gross wages, salary, and tips	\$
Unemployment compensation	\$
Social Security	\$
Child Support Income	\$
Public Assistance Documentation	\$
Retirement Income (Pensions, etc.)	\$
LES, Non-taxable Income (for Military Families)	\$
Other Pay (Bonus, Consulting, etc.)	\$
TOTAL	\$

Are you a current member of the OCYMCA? (Circle) Yes No

Is there any other information you would like to provide about your situation?

Would you be willing to share your story about how getting involved with the Y impacts your life?

(Circle) Yes No

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Financial Assistance Application

I hereby certify that I have completed all the information requested within this application form. I certify that all information supplied is true, accurate, and that there is no misrepresentation or omission.

I further understand that this application does not constitute acceptance by the YMCA, and that I will be notified as to whether my application for financial assistance has been approved or denied.

Applicant Signature

Date

Thank you!

Please bring your completed application to the Welcome Center. You will be contacted by mail regarding your acceptance and award amount.

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