



**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 (401) 539-2306
Naik Branch: 1 Harry Austin Dr. Mystic, CT 06355 (860) 536-3575
Westerly-Pawcatuck Branch: 95 High St, Westerly, RI 02891 (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.

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.
 - Any income listed under the Monthly Income section must have supporting documentation. Applicants must provide their **most recent year 1040 tax return**, as well as one of the supporting documents are listed below:
 - **most recent W-2 statement**
 - **Copy of benefits Determination letters (for Cash Aid, SNAP, Free Lunch, SSI, SSDI, etc.)**
 - **Child support payment statements**
 - **Unemployment payment statements**
 - **Current, consecutive, paystubs from the last month.**

Attach all necessary supporting documents. The YMCA will not process an incomplete application. Additional documents may be requested. Scholarship amounts are based on **all household income**. If anyone in the household is working or receives income in any form, documentation for that income is required.

2. Please sign and return to your local Ocean Community YMCA addressed to the Membership Department.
3. Applications must be submitted **30 days** prior to the start of any programs or camp.
4. Members/Program participants need to re-apply annually for YCares Financial Assistance with the most recent financial information
5. YCares Membership will automatically terminate after one year unless re-applied with updated financial information and approved.

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 in 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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