



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

# **OPEN DOORS**

## **FINANCIAL ASSISTANCE**

**The Y: So Much More.**



**[oceancommunityymca.org](http://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

YCares 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 YCares 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?**

YCares scholarships are available to anyone who has the desire to become a member or participate in Y programs, meets the financial guidelines of the program

## **What is the philosophy behind YCares?**

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 you will receive notification regarding your award amount. YCares scholarships are awarded on a sliding scale, based on annual household income.

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# Ocean Community YMCA

## YCares – 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.
  - 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, in a sealed envelope 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 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 given. 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 YCaress - 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 (11-13)     Young Adult (18-23)

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 will be 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.)	\$
<b>TOTAL</b>	\$

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

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

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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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# Ocean Community YMCA

## YCares - 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.

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Applicant Signature

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Date

Thank you!

Please bring your completed application to the Welcome Center in a sealed envelope marked, "YCares Application."

You will be contacted regarding your acceptance and award amount.

-Ocean Community YMCA

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