

How to Use this Form:

If requesting financial assistance for childcare, your family may also qualify for Child Care Connection (CCC). You must apply for that assistance before applying for Trenton YMCA financial assistance. Please contact Child Care Connection:

Child Care Connection
1001 Spruce St., Suite 201
Trenton, NJ 08638-3955
Tel: 609.989.7770
Fax: 609.989.8060
Hours: 9am - 5pm, Mon-Wed, Fri
9am - 6pm, Thu

The YMCA is a charitable, non-profit organization, whose purpose is to seek to improve the quality of community life by promoting the physical, mental, and spiritual health of people of all ages, by encouraging family activities and by building respect for the individual in human relationships.

The YMCA believes that a strong sense of ownership and pride is developed if the financial assistance recipient contributes to the cost of their YMCA involvement; therefore, applicants will be asked to pay an affordable portion of the membership or program fees. All application records will be held in strict confidence.

Financial Assistance requests for programs must be received three weeks prior to the session starting. Membership requests can be accepted anytime during the year. Assistance for Day Camp must be received prior to the session applying for begins.

1. Attach the following additional forms to the application. Please submit **copies**, no originals.
 - A copy of the most recent income tax return for each adult living in the same home.
 - Copies of the two most recent pay stubs or Bank statements of all other earners in your household, and proof of other income (including government assistance).
 - A letter detailing the current financial situation and any extenuating circumstances of which we should be aware
 - For Financial Assistance for Child Care and/ or Camp, a denial or award letter from Child Care Connection (CCC) is required prior to consideration.
 - Return all of the above materials (including this form) to the Trenton YMCA. Trenton YMCA is not responsible for making copies.
 - Application will not be processed without all documents.
2. Submit to Welcome Center @431 Pennington Ave.

What Happens Next

1. Processing of your forms usually takes two weeks-submit as far in advance as possible.
2. You will receive a phone call notifying you of the outcome of your application.
3. If approved, bring the application registration fee and/or first two weeks tuition.
4. For child care programs, tuition is not prorated for holidays and school closing.

Financial Assistance is Temporary!

- The Trenton YMCA recognizes that from time to time, people may need some financial help. Financial assistance is intended to be temporary. You will be asked to reapply for each additional program. Assistance is granted on the basis of financial need.
- The YMCA reserves the right to terminate or to refuse assistance to applicants as required Assistance will be granted on the basis of financial need. The YMCA reserves the right to refuse assistance to any applicant.
- Failure to follow payment arrangements and/or tuition schedule may terminate assistance and disqualify you for further assistance.

TRENTON YMCA LOCATIONS

Trenton YMCA

431 Pennington Avenue
Trenton NJ 08618
609.599.9622 x201

Trenton YMCA

Fitness and Dance Annex

359 Pennington Avenue
Trenton NJ 08618
609.599.9622 x301

Trenton YMCA

At Prospect Village

110 Prospect Village
Trenton NJ 08618
609.599.9622 x209



Financial Assistance Program



Financial Assistance Program

Application must be filled out completely. Please print clearly. Application must include all required paperwork listed on the reverse side of this form (See #1) or it will not be processed. Each applicant may choose only one scholarship type and financial assistance is limited to one category at a time.

Applicant's Information I am applying for (choose one only): Membership Program Camp Afterschool Preschool Wrap

Isthis a New Application? Yes Renewal? Branch/School Applying for: _____ Specify Program: _____ Last Name: _____ First Name: _____
Home Phone: _____ Address: _____
Apt. #: _____
City: _____ State: _____ Zip Code: _____
E-mail: _____ Employment: _____ Employer: _____ Status: Full-time Part-time Work Phone: _____
Hourly Wages: \$ _____ Annual Income: \$ _____ # of Dependents: _____
(All persons living in household)

List the names and ages of all dependents, children and adults living in your household including yourself: Ethnicity is for statistical purposes only.

Name _____ DOB: _____ Relationship: SELF
Ethnicity: Caucasian African American Hispanic Asian Latino Native American Pacific Islander Other
Name _____ DOB: _____ Relationship: _____
Ethnicity: Caucasian African American Hispanic Asian Latino Native American Pacific Islander Other
Name _____ DOB: _____ Relationship: _____
Ethnicity: Caucasian African American Hispanic Asian Latino Native American Pacific Islander Other
Name _____ DOB: _____ Relationship: _____
Ethnicity: Caucasian African American Hispanic Asian Latino Native American Pacific Islander Other

Spouse or Other Wage Earner Information

Last Name: _____ First Name: _____ Home Phone: _____
Employer: _____ Status: Full-time Part-time Work Phone: _____
Hourly Wages: \$ _____ Annual Income: \$ _____ Work Phone: _____

Additional Monthly Income	Monthly Family Expenses
Worker's Comp _____	Rent/Mortgage _____
Food Stamps _____	Food _____
Child Support _____	Transportation _____
All Other Income _____	Child Care _____
Unemployment _____	Utilities _____
Social Security or SSI _____	All Other (Credit, Debit, Medical etc.) _____
Total _____	Total _____

Amount I can pay toward this program: \$ _____, weekly. (All applicants are asked to pay their fair share)

List special circumstances that you feel should be taken into consideration during review of this application? Use additional sheet of paper if needed.

Signature of Applicant (Parent or Guardian): _____ Date (Application Submitted): _____

OFFICIAL USE ONLY

Date Approved: _____ Approved by: _____ Expire Date: _____

Percent of Assistance: _____ % Participants Pays: \$ _____ Per: _____ WK/MTH Date Notified: _____

Membership Type: _____ Program: Aquatics Camp Sports After School Care

YOUR APPLICATION WILL NOT BE PROCESSED UNLESS ALL REQUIRED DOCUMENTS ARE SUBMITTED WITH APPLICATIONS!