

**How to use this form:**

Before you complete this application please contact Arlene Leuzzi, Child Care Counsel of Westchester at 761-3456 to see if you are eligible for aid from New York State (DSS or Title XX subsidies). If you are eligible you must apply. Once you receive your award or denial letter from New York State you must submit it to the YMCA. If you were denied or told you would not qualify then you should submit this application and all the supporting documentation listed below.

1. Complete the Family YMCA at Tarrytown Financial Assistance Application on the reverse side of this brochure.
2. Submit **copies** of the following documents with the application:
  - Most recent 1040 Federal tax return
  - Two most recent pay stubs
  - Proof of public assistance
  - Brief letter stating how YMCA activities will benefit your child.
3. Return all of the above (including this form) to:
 

Family YMCA at Tarrytown  
Attn: Financial Assistance Program  
62 Main Street  
Tarrytown, NY 10591

**What happens next:**

1. Processing your application and forms **may take up to 30 days.**
2. If you are missing any documentation your entire application will be returned to you.
3. The YMCA will send you a letter to verify that your application has been approved.
4. Bring the verification letter with you whenever you sign up for a YMCA membership or program.
5. Assistance is granted for the current September through June school year for all Day Care/Preschool, After School, and Day Longs/Vacation Camps. **New and renewal applications must be submitted by July 31st to be considered for September enrollment.**
6. Assistance granted for Summer Camp is for the current camp season only. **New and renewal applications will be accepted January through March 31st, only.**

Please check all **programs** which you are requiring assistance for:

**Y Day Care/Preschool:**

- Infants (3 months - 18 months) \_\_\_\_\_
- Toddlers (19 months - 36 months) \_\_\_\_\_
- Nursery (3 yrs) \_\_\_\_\_
- Preschool (4 - 5 yrs) \_\_\_\_\_

- Daily Hours (Full day): 8:00 AM-6:00 PM \_\_\_\_\_
- Extended Hours: 7:30 AM-6:30 PM \_\_\_\_\_
- Half Day AM (Part Day): 9:00 AM-12:30 PM \_\_\_\_\_
- \*Half Day PM (Part Day): 2:00 AM-5:30 PM \_\_\_\_\_
- \* NOT available for Infants & Toddlers**

How many days per week your child will attend? \_\_\_\_\_  
**Daycare/Preschool requires a \$150 non-refundable deposit, regardless of a financial aid award to secure a space for your child.**

**After School Care Ages 5yrs -12 yrs:**

Please indicate if you qualify for either and attached award letter: \_\_\_\_\_ Reduced Lunch \_\_\_\_\_ Free Lunch

- \_\_\_\_\_ Elmsford (grades K-6) \_\_\_\_\_ Briarcliff (grades K-5)
- \_\_\_\_\_ Tarrytown (grades 1-5) \_\_\_\_\_ Tarrytown (K)

How many days per week will your child attend? \_\_\_\_\_

**YMCA Kinder Camp Ages 18mths-6 years:**

- Session 1 (week of June 27) \_\_\_\_\_
- Session 2 (week of July 5) \_\_\_\_\_
- Session 3 (week of July 11) \_\_\_\_\_
- Session 4 (week of July 18) \_\_\_\_\_
- Session 5 (week of July 25) \_\_\_\_\_
- Session 6 (week of August 1) \_\_\_\_\_
- Session 7 (week of August 8) \_\_\_\_\_
- Session 8 (week of August 15) \_\_\_\_\_
- Session 9 (week of August 22) \_\_\_\_\_

**Camp requires a \$50.00 DEPOSIT per session regardless of Financial Aid Awards to secure a space for your child.**

**Day Longs/Vacation Camps:**

- Day Longs/Vacation Camps \_\_\_\_\_
- Shakespeare Camp \_\_\_\_\_
- Dance Intensives \_\_\_\_\_

I authorize the YMCA to verify that the information provided is correct. I agree to inform the YMCA immediately of any changes. I understand that false or incomplete information could jeopardize my financial assistance.  
**Please sign and date this application on the line below:**

\_\_\_\_\_

Please sign and date

# The Family YMCA at Tarrytown is for everyone

## Financial Assistance Program for Day Care/Preschool, After School, Day Longs/Vacation Camps & Summer Camp



62 Main Street  
Tarrytown, NY 10591  
(914) 631-4807  
www.ymcatarrytown.org

# YMCA Financial Assistance Application

Application must be filled out completely.

Please print clearly and include all required copies of paperwork listed on the reverse side of this form.

## Applicant Information

Last Name:	First Name:	Home Telephone:	
Address & Apt. #		Email address:	
City:	State:	Zip Code:	Social Security Number::
Employer:		Business Telephone:	
Spouse/Partner Name:	Employer:	Business Telephone:	Social Security Number:

## All Individuals Living in Household (List all children and adults living in your household; if you need more space, please list on a separate piece of paper)

Name:	Date of Birth:	Current Age:	Employed: (YES or NO)
1.			
2.			
3.			
4.			

## Monthly Household Income

Household Wages:	
Alimony:	
Child Support:	
Public Assistance:	
All Other Income:	
<b>Total Monthly Income:</b>	

Please be sure to  
complete both sides  
of this application.  
Thank you!