



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

## **FAMILY YMCA AT TARRYTOWN FINANCIAL AID APPLICATION**

The Family YMCA at Tarrytown offers financial assistance to help offset the expense of participating in our programs. Families/individuals in need are welcome to apply. Here at the Y, we never turn anyone away based on their ability to pay.

Before you complete this application please contact the Child Care Council of Westchester at 761-3456 to see if you are eligible for aid from New York State (DSS or Title XX subsidies). (This applies to Early Childcare, School Age and Camp.) 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.
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
  - Free or Reduced Lunch letter from School District
  - Brief letter stating how YMCA programs will benefit your child
3. Return all of the above (including this form) to: Attn: Financial Assistance Program  
**PO Box 580, Tarrytown NY 10591 or email them to [Melissaw@ymcatarrytown.org](mailto:Melissaw@ymcatarrytown.org)**

### **ONCE WE RECEIVE YOUR APPLICATION:**

1. Processing your application **may take up to 30 days**. You are financially responsible for full payment of programs/services while waiting for approval and you will not receive reimbursement for prior payments/fees once approved.
2. If you are missing any documentation your entire application will be returned to you identifying missing information.
3. The YMCA will send you a letter to verify that your application has been approved.
4. Submit your financial aid award letter to the program director when you register for the program.

### **QUALIFYING PROGRAMS- PLEASE CHECK THE PROGRAM YOU ARE REQUESTING ASSISTANCE FOR:**



Y EARLY LEARNING CENTER (infants – preschool)

#### **Y SCHOOL AGE CHILDCARE:**



CHILD IS REGISTERED IN TUFSD (Washington Irving, Morse or John Paulding)



CHILD IS REGISTERED IN BRIARCLIFF MANOR UNION FREE SCHOOL DISTRICT (Todd)



Y DANCE OR CHEER



Y SUMMER CAMP (Grades K – 5)

**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:		Telephone:	
Address & Apt. #				Email:	
City:		State:	Zip Code:	Alt Email:	
Employer:				Business Telephone:	
Spouse/Partner Name:		Employer:		Business Telephone:	Email:

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.**