

How to use this form:

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 Membership & activities would benefit you
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. The YMCA will send you a letter to verify that your application has been approved.
3. Bring the verification letter with you whenever you sign up for a YMCA membership or program.
4. Assistance is granted for 1 year, at which time you may complete another application. **(Reminder notices will not be sent).**

YMCA Mission

The Family YMCA at Tarrytown is dedicated to serving a diverse community and building spirit, mind, and body for all through a unique combination of childcare, fitness, cultural and adult male residential programs, regardless of ability to pay.

Membership and Program Information

___ First Time Applicant ___ Renewal Applicant

Please check **one of the membership** options below:

- Preschool (Infant to 5 years) _____
- Youth (6 to 14 years) _____
- Teen (15 to 18 years) _____
- Young Adult (19 to 24 years) _____
- Adult (25 to 61 years) _____
- Family (up to 2 adults, children under 18 years) _____
- Senior (62 + years, 2 adults) _____
- Senior Family (Adults 62 + years) _____

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

Y Day Care/Preschool (Nursery School) Ages 3mths - 5yrs

- Daily Hours (f/t): 8:00 AM-6:00 PM _____
- Extended Hours: 7:30 AM-6:30 PM _____
- Half Day (p/t): AM 9:00 AM-12:30 PM _____
- Half Day (p/t): PM 12:00 AM-3:30 PM _____
- Half Day Extended: PM 3:30 PM-6:30 PM _____
- How many days per week your child will attend? _____

After School Care (School's Out!) Ages 5yrs - 12yrs

Please indicate if you qualify for and attach award letter

- Reduced Lunch Program _____ Free Lunch Program _____

What School District is your child in? _____

How many days per week will your child attend? _____

Childcare/School Age Camps and Holiday Closings

- Day Longs _____ Vacation Camps _____
- YMCA Tiny Tots/KinderCamp _____ Camp Combe _____
- Shakespeare Camp _____ Dance Intensives _____

Aquatics Programs check all that apply:

- Preschool Swim Lessons _____ Youth Swim Lessons _____
- Swim team _____

Y Dance

Dance Classes _____

Other _____

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**



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 #:	
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:	Employed: (YES or NO)
1.		
2.		
3.		
4.		

Monthly Household Income

Household Wages:	
Alimony:	
Child Support:	
Public Assistance:	
All Other Income:	
Total Monthly Income:	

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