FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBLITY

YMCA NEW ENGLAND HERITAGE TOUR-SW FINANCIAL AID REQUEST FORM

Deadline: Within 2 weeks of Registration Meeting

Financial Aid recipients **must complete 5 hours of volunteer service** in addition to any other commitments and community service that are part of the regular program. Please contact the office for more information. They are also asked to write a "Thank You" letter to our donors who made the funds available.

Student's Name: _____ **Age:** _____ **Grade:** _____

Parent/Guardian's Name: _____ **Phone:** _____

Mailing Address: _____**City:** _____**State:** _____ **Zip:**_____

Email Address: _____

Family Status: Married: _____ Divorced/Separated: _____ Single Parent: _____

Current Household: Adults: _____ Children: _____

Please explain any extenuating circumstances i.e. Medical Expenses, or unusual expenses for consideration:

_____

_____

_____

Income-Based Pricing Information:

In the following chart, please circle the income-based pricing for which your family qualifies: Example: If your family income is $25,000 and you have three children living in your household, your income-based rate will be $320.00. The Takodah YMCA as financial assistance awards the remaining $255.00.

Household Income	$ 575 NEW ENGLAND HERITAGE TOUR			
	3 Day Tour			
	Children In Household			
	1	2	3	4
Up To 25K	$320.00	$320.00	$320.00	$320.00
Up To 35K	$380.00	$370.00	$360.00	$350.00
Up To 45K	$435.00	$425.00	$415.00	$405.00

Please attach a copy of the front page of your latest tax return(s), W-2's, 1099's and child support (if applicable) to this form. Be sure to block out your social security number.

If approved for Financial Assistance, you are responsible for paying the amount circled and are required to participate in the fundraisers provided and/or the sale of candy bars that can be purchased at the Lake Street office. If you are unable to pay the amount circled, please seek additional assistance through your school, church, civic organization, social services agency, and or family and friends.

Parent/Guardian Agreement:

I acknowledge that I have read and understand all policies and procedures regarding Financial Assistance. I attest that all information contained in the Financial Assistance Request Application is true and accurate. I understand that in order for my request to be considered, I must submit this application, a copy of my/our most recent tax return (along with any other sources of income i.e. Alimony, Child Support, Social Security etc.) and your registration fee in a single packet within two weeks of the registration meeting to the Takodah YMCA 32 Lake Street, North Swanzey, NH 03431.

Parent/Guardian Signature _____ Date: _____

the YMCA

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Thank You Letter