



FROST VALLEY YMCA

# Financial Assistance Program

Group &amp; Family Retreats Department

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**FROST VALLEY YMCA ADDRESS:** 2000 Frost Valley Road, Claryville, NY 12725**TEL:** 845-985-2291 **FAX:** 845-985-0056 **EMAIL:** reservations@frostvalley.org **WEB:** frostvalley.org

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## Groups & Organizations

Frost Valley YMCA is a values-driven organization that fosters youth development, healthy living, and social responsibility through outdoor educational and recreational programs for all. YMCAs serve people of all ages, backgrounds, abilities and incomes.

Frost Valley YMCA believes that its programs and services should be available to everyone. For this reason, Frost Valley YMCA offers financial assistance that is based on a sliding scale designed to fit each group's financial situation. Over the years, we have helped many groups to experience Frost Valley's programs, regardless of ability to pay.

Frost Valley YMCA requires that individuals complete the **Financial Assistance Application** and provide the required attachments so that we can provide financial assistance in a fair and consistent manner. The YMCA also requires that individuals reapply each year.

A Frost Valley YMCA representative will contact you regarding your application within 14 business days.

Through the financial assistance program, Frost Valley YMCA seeks to improve the health and well-being of all people and is committed to building strong kids, families and communities.

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# FINANCIAL AID APPLICATION FORM

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Frost Valley's scholarship program has been established to assist groups with limited financial resources who desire to participate in Frost Valley's Conference Programs. Funds for this program are provided by private donors, foundations and through grant applications.

## **Group Information**

Name of Group: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Dates of Trip: \_\_\_\_\_

## **Please tell us about your group or organization:**

## **Please tell us how your visit to Frost Valley YMCA will further the mission or objective of your group:**

## **Please tell us about your budget and how much you can pay towards this experience:**

## **Demographics**

Total number of people in your group: \_\_\_\_\_

Total number of people attending Frost Valley: \_\_\_\_\_

How many people are in need of financial assistance? \_\_\_\_\_

Can we contact your group after your Frost Valley trip to provide us with follow up information for the use in obtaining grants and donations in the future? These would be in the form of testimonials, family and group leader quotes, pictures, etc.

Yes  No

Group Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Name of Applicant: \_\_\_\_\_

**I. Application is:**

**Approved based on sliding scale (complete section II)**

Designated Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved with deviation from sliding scale (complete section II)**

Reason for deviation: \_\_\_\_\_

Department Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Denied**

Reason: \_\_\_\_\_

Department Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**II. Registration Information**

Program/Session Requested \_\_\_\_\_

Program/Session Awarded \_\_\_\_\_

Program/Session Fee \$ \_\_\_\_\_

Amount of Scholarship Awarded \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_