



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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## Schools & Groups

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 to those schools eligible based on a proven need. Over the years, we have helped many schools and students to experience Frost Valley YMCA regardless of ability to pay.

Please complete the **Financial Assistance Application** and provide any additional information to help us learn more about your students and community so that we can provide financial assistance in a fair and consistent manner. The YMCA also requires that schools 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 financial assistance program has been established to assist families and schools with limited financial resources who desire to send their students to Frost Valley's School Programs. Funds for this program are provided by private donors, foundations, and through grants.

## **School Information**

School Name: \_\_\_\_\_

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

School District: \_\_\_\_\_ County: \_\_\_\_\_

Lead Teacher: \_\_\_\_\_

Administrator: \_\_\_\_\_

School phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Grade level attending Frost Valley: \_\_\_\_\_ Preferred Dates of trip: \_\_\_\_\_

## **Demographics**

Total number of students in your school: \_\_\_\_\_

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

Please give the percentages of students attending Frost Valley for the following:

School Lunch Program Information: \_\_\_\_\_ Free Lunch \_\_\_\_\_ Reduced Lunch

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

Please share anything else we need to understand about your school and students' needs for financial assistance:

Can we contact your school 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, student and teacher quotes, pictures, etc.

Yes       No

School Administrator 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: \_\_\_\_\_

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

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

**Denied**

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

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

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

**II. Registration Information**

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

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

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

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

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