

AYCC FINANCIAL AID APPLICATION



Financial Aid Guidelines & Info

1. Families must first apply for State of Maine assistance prior to applying for AYCC Financial Assistance. If the family is denied assistance with the State, you must submit the denial letter, along with your Financial Aid Application and printed monthly household proof of income. Contact Danielle Bragg, AYCC Accounting Assistant for assistance - email dbragg@clubaycc.org or call 207-873-0684.
2. **All Financial Aid Applications require printed proof of monthly HOUSEHOLD income.**
3. Financial Aid Applications are processed within 2 business days, but can usually be completed the same day as long as all the required pieces are provided.
4. Partial assistance is available to MEMBERS, on many of our memberships and on programs. The list is as follows: *Memberships, MMD Swim Team, Karate & Jujitsu, Athletic Programs & Youth Climbing Club, After School Program Vacation Camps, Karate Vacation Camps, Day Camp Tracy, and the Summer Enrichment Program. New England Sports Camps have a separate and specific grant program for assistance.*
5. We have re-structured our guidelines to provide the most assistance to the families that need it the most. Our new guidelines are income-based and uses the State of Maine Poverty Guidelines as well to assist us in making decisions for eligibility. We take family circumstances into consideration and do our best to assist all families in some manner.
6. Applications for athletic programs must be renewed for each activity. See the Welcome Center Coordinator for details.
7. Assistance are is available for one activity per session. Any additional activities will be at the full rate.
8. Every Fall and Summer, new applications are required for programming.
9. If we are unable to process the application upon drop off, we will call the family providing the information with the amount due for the activity/membership and any other relevant registration information.

The AYCC offers FREE Youth Memberships to children who receive TANF or Free/Reduced Lunch at school. Application must be completed and submitted with proof of income OR provide the letter specifying the receipt of TANF or Free/Reduced Lunch.

For more information, please contact:
Alicia Vannah, Welcome Center Coordinator
207-873-0684 x 244 avannah@clubaycc.org

Boys & Girls Clubs and YMCA of Greater Waterville at the **Alfond Youth & Community Center**
126 North Street, Waterville, Maine 04901 P: 207-873-0684 F: 207-861-8016
clubaycc.org campracy.org newenglandsportscamps.org
Find us on social media: [Facebook.com](https://www.facebook.com) [Twitter.com](https://twitter.com) [Instagram.com](https://www.instagram.com)

ALFOND YOUTH & COMMUNITY CENTER FINANCIAL AID APPLICATION



Name of Applicant _____

Address _____

City _____ State _____ Zip _____

Phone _____ Phone _____ Phone _____

Please list ALL persons in your household:

| Name | Relationship | Age | Employer | GROSS Monthly |
|------|--------------|-----|----------|---------------|
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***Does your child(ren) receive Free/Reduced Lunch at school or receive TANF?** _____

**Letter specifying qualification is required OR this application must be completed & submitted with proof of income.*

Does anyone in your home receive childcare reimbursement: _____ If so, whom: _____

Through which program: ASPIRE: _____ State: _____ Other: _____

Contact Person: _____ Phone: _____

HOUSEHOLD INCOME

| | Monthly |
|-------------------------------|---------|
| Total Gross Salaries | _____ |
| AFDC/Welfare | _____ |
| Child Support | _____ |
| Disability | _____ |
| Food Stamps | _____ |
| Salary | _____ |
| Social Security | _____ |
| Unemployment | _____ |
| Other (please specify): _____ | _____ |

Notes

Total Household Income: \$_____

REQUIRED: Enclose One Month's Proof of HOUSEHOLD INCOME , printed. Pay Stubs or State/Federal Aid

Expenses

Which program are you requesting assistance for: _____

Have you ever been granted assistance with us before: _____

If so, how much and when: _____

How much can you pay, per person, toward the total cost of the program: _____

I hereby swear the facts in this application are true, correct, and complete, and that I have not knowingly withheld any information. I understand the Alford Youth & Community Center has the right to verify all the information I have given on this application. I understand that if I refuse to give my consent, it may result in my being ineligible to receive assistance. I understand that a Financial Aid will not be guaranteed until the first payment is made.

Signature (Parent/Guardian if under eighteen)

Date

REQUIRED for complete application:

- 1. Completed AYCC Financial Aid Application**
- 2. State of Maine third party assistance denial letter**
- 3. One Month's Proof of HOUSEHOLD INCOME**, printed/emailed (Pay Stubs or State/Federal Aid)
- 4. The registration/membership form(s)** for the programs applying for assistance with (where relevant).

OFFICE USE ONLY

Staff In-Take Initials: _____ Date: _____

| Name of Recipient | Date | Program | Assistance Amount | Amount Due | Staff Initials |
|--------------------------|-------------|----------------|--------------------------|-------------------|-----------------------|
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The AYCC's Mission:

To inspire and enable all young people and their families to realize their full potential as healthy, productive, responsible and caring citizens.