

The Little Falls Youth & Family Center  
15 Jackson Street  
Little Falls, NY 13365  
Telephone 315-823-1740  
Fax 315-823-0440



The Youth & Family Center of the Mohawk Valley  
83 East Main Street  
Mohawk, NY 13407  
Telephone 315-866-6570  
Fax 315-866-3566

**The Center. Serving the Community for a better you.**

## **FINANCIAL ASSISTANCE POLICY**

It is the policy of the Youth and Family Center to provide services to and meet the needs of the community members whom it serves, regardless of their ability to pay the standard program fees. This policy also extends to the childcare programs operated through the Youth and Family Center.

Those people unable to pay the full fee for membership or program services may be awarded full or partial assistance, based on their demonstrated need and the availability of scholarship funds.

### **Eligibility**

- Assistance will be granted on the basis of financial need.
- The Youth and Family Center believes that a strong sense of ownership and pride is developed when a financial assistance recipient contributes to the cost of their Youth and Family Center involvement; therefore, applicants may be asked to pay a portion of the fees.
- Financial assistance will be reviewed for eligibility for each membership or program period.

### **How to Apply**

- Applicants must complete the attached paperwork IN FULL and return it to the Youth and Family Center of the Mohawk Valley/ Little Falls Youth and Family Center, attention Anthony DeLuca, Executive Director. All application records will be kept confidential.
- If eligible for assistance, an appointment will be scheduled to discuss the need for assistance.
- Please allow 1-2 weeks for the application and review process.

### **Selection Process**

Financial assistance eligibility and awards will be at the discretion of the Executive Director, based on review of the information form and the personal interview. The Youth and Family Center reserves the right to refuse assistance to any applicant.

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## Confidential Financial Assistance Information Form

Date: \_\_\_\_\_

### Check One:

- Family Membership     Adult Membership     Uncle Walt's Swim Scholarship  
 Program \_\_\_\_\_

List

### Personal:

Applicant's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Phone: Hm (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Wk (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Spouse: \_\_\_\_\_

### Dependent Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Employment:** Are you currently employed? \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Number of years employed: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Students:** Are you presently enrolled in school? \_\_\_\_\_

Full time? \_\_\_\_\_ Part Time? \_\_\_\_\_ Receiving Financial Aid? \_\_\_\_\_

**Income:** Monthly Gross \$ \_\_\_\_\_ Spouse's Gross \$ \_\_\_\_\_

Other Income (child support, etc) \_\_\_\_\_

State or Federal Aid (food stamps, medical aid, etc) Please List: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Total family income must be verified annually. Proof of income must be furnished. This may be payroll check stubs, latest tax return, or a letter from employer verifying salary. All sources of family income should be included.

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**Expense:** Please list monthly expenses (general estimate):

<u>Source</u>	<u>Monthly expenditure</u>
Mortgage/rent payment	_____
Utilities	_____
Food	_____
Child Care	_____
Loans/credit cards	_____
Other expenses (please verify)	_____
	_____
	_____
	_____

**General:** Reason for Financial Assistance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What can you afford to pay toward program or membership? \_\_\_\_\_  
Would the applicant be willing to work or volunteer for services? \_\_\_\_\_

In completing this application and signing it, I certify that the information supplied herein is true, accurate, and complete to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Youth and Family Center staff Use Only:**

**Approved by**  
Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:**

**Amount of assistance granted \$** \_\_\_\_\_ **For:** \_\_\_\_\_