



**CAYMAN  
ISLANDS**

## 2020 Request for Financial Assistance

### Financial Assistance Programme

Through the generosity of contributors to the YMCA of the Cayman Islands, our goal is to have sufficient funds to ensure Y programmes are accessible to as many of our youth as possible.

Each year, through the “YMCA Annual Giving Campaign”, the Y is able to make programmes and services accessible through our Financial Assistance Programme. These donations provide scholarships for individuals and families who want and need Y programmes but cannot fully afford them.

### Financial Assistance Guidelines

Financial assistance is available for those who qualify on a strictly confidential basis. A brief explanation of the applicant’s current circumstances is completed and submitted for senior YMCA staff review and consideration, on an annual basis.

A scholarship, or “financial subsidy”, is intended to reduce the cost for YMCA participation to a level that is manageable during a period of financial hardship. All participants are required to pay some portion of the overall costs for programmes and services. Subsidies are generally provided from 10-60 percent of the standard fees, based on individual circumstances and available funds.

### Application Process

Processing your request form usually takes between one and two weeks. When your application is processed, the YMCA will contact you by email or telephone. The YMCA will then send you a letter to verify that your application has been approved. Please present your verification letter when you sign up for a YMCA programme.

### Renewal Process

Please keep in mind that financial assistance is intended to be temporary. The YMCA of the Cayman Islands recognises that people will occasionally need some financial help. If you continue to require assistance after one year, you may be asked to reapply.



2020 Request for Financial Assistance

Participant(s) Name: \_\_\_\_\_

\*Participants in the same household can be listed on one request

Programme(s) Requesting Assistance: \_\_\_\_\_

Programme Site: \_\_\_\_\_

# of Parents/Guardians Supporting the Participant(s) \_\_\_\_\_ # of Dependents in Household \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Phone: (c) \_\_\_\_\_ (h) \_\_\_\_\_

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

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

District: \_\_\_\_\_ P.O Box: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Please explain the general circumstances that are currently causing a need for financial assistance, including information on monthly or annual income and expenses (use additional sheet, in necessary).

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

What portion of the programme fees do you feel you can currently afford to contribute?

\_\_\_\_\_
\_\_\_\_\_

How long do you feel you will need to receive financial assistance? \_\_\_\_\_

How do you believe your child(ren) will benefit from participation in this programme? \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_

Are you currently receiving assistance with any of the following programmes? Please check those that apply: [ ] Feed Our Future [ ] Free Lunch Programme [ ] Other \_\_\_\_\_

The information provided herein is strictly confidential and will be treated as such. By signing below, you attest the information provided is truthful and accurate.

Participant/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_