



YOUTH AND FAMILY SERVICES

322 MAIN STREET
OLD SAYBROOK, CONNECTICUT 06475
(860) 395-3190 • FAX (860) 395-3189
www.oldsaybrookct.org/youth

Request for Youth Program Fee Reduction

Dear Parent/Guardian:

Thank you for your interest in our upcoming youth program. We understand that you are requesting a partial scholarship towards the program fee. We require some financial information from you in order to determine the level of scholarship we can provide. The information you provide will be kept confidential. Please complete the form below and return it to me as soon as possible. Our goal is to provide a fair and equitable scholarship for those in need. No one will be denied services due to an inability to pay.

Sincerely,
Heather McNeil, LMFT, LADC, Director

Child's Name _____

Program Name _____

Mailing Address _____

Full Program Fee _____

On the chart below, please find your household income and number of people in your household and check the box where they intersect. We will calculate a scholarship based on a percentage of the total program fee.

Number in Household						
Family Income Before Taxes	One	Two	Three	Four	Five	Six
Up to \$34,281						
\$34,282 – 66,578						
\$66,579 – 77,675						
\$77,676 – 88,771						
\$88,772 – 99,868						
\$99,869 and over						

Do you have other than ordinary debt to be considered? If so, please list.

If you are interested in volunteering to help with our youth programs, please list your interests and availability: _____

Signature of Parent/Guardian

Date

Mailing Address _____ Phone No. _____

Office Use:

Date: _____

Scholarship Amount Approved \$ _____

By Director, Youth and Family Services

Balance Due from Family \$ _____ (note: if balance is over \$ _____,
the fee may be paid in 2 installments)