



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Financial Assistance Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Greater Holyoke YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our **Financial Assistance Program**, the Greater Holyoke YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



Financial Assistance reduces membership fees; it does not eliminate them.

Financial Assistance applications are granted for up to 12 months.

The YMCA requires that individuals and families reapply annually, with updated documentation.

Membership fees are subject to change when you reapply.

If you do not reapply at the time requested, your membership will expire.

Financial Assistance Application

NEW _____ RENEW _____ RETURN _____ HH _____

Apply for assistance in 6 easy steps!

1 APPLICANT INFORMATION

Name	DOB
Mailing Address	
City	
State	ZIP Code
Home Phone ()	
Cell Phone ()	
Email	
If an applicant is under 18: Parent's or legal guardian's name	

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Please provide birth certificate(s) for all children listed on application

Adult	DOB	Age
Child	DOB	Age
Child	DOB	Age
Child	DOB	Age
Child	DOB	Age
Child	DOB	Age
Child	DOB	Age

3 I AM APPLYING FOR

Check category for which you are applying

MEMBERSHIP

PROGRAM

- ADULT (age 26 +)
- ONE ADULT + CHILD(REN)
- TWO ADULTS + CHILD(REN)
- ADULT COUPLE
- SENIOR/SENIOR COUPLE (age 65 +)
- YOUNG ADULT (age 19-25)
- YOUTH/HIGH SCHOOL (age 8-18)
- OTHER _____
- BEFORE/AFTER SCHOOL & PRESCHOOL CAMPS

↓ FOR CHILD CARE & CAMP APPLICANTS ONLY ↓

Please understand that a parent(s) must work or be in school in order to qualify for child care or camp financial assistance

Who has custody of the child(ren)?

- Joint
 Mom
 Dad
 Foster
 Guardian
 I do not have custody

Parent/Guardian #1

- At Home
 Working
 In School

Parent/Guardian #2

- At Home
 Working
 In School

4 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:

↓ I FILED FEDERAL TAXES
↓ FOR LAST YEAR

or

↓ I DID NOT FILE FEDERAL TAXES
FOR LAST YEAR or
MY HOUSEHOLD INCOME HAS CHANGED SINCE
I FILED TAXES FOR LAST YEAR

1040 Federal Tax Form(s)
for all incomes in household

- I am an individual filing jointly; I am providing ONE 1040 form
 We filed more than ONE tax form in our household; We are providing _____ 1040 forms.

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance, i.e. SSI/SSDI, Food Stamps, Housing, Public/State Assistance and Child Support.

\$ _____ x 12 =
30 DAYS INCOME MONTHS

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

I understand that there is a \$10 processing fee when my membership is activated or renewed.

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

5

Signature of person completing this form

Date

Attach all applicable financial documents and turn in to your YMCA Member Services Desk.

FOR OFFICE USE

APPROVED YES NO

RATE \$..... ADJUSTMENT \$.....

STAFF NAME DATE

PROCESSED APPLICATION IS VALID FOR 30 DAYS.

YMCA STAFF: Return financial documents to applicant. Copy this form and give to applicant.

6 TELL US MORE (required)... Use this space to share why you want/need Financial Assistance and how the Y will positively impact your life. If you need more space, attach an additional sheet of paper.