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.

holoyokeymca.org
**Financial Assistance Application**

Apply for assistance in 6 easy steps!

1. **APPLICANT INFORMATION**
   - Name: [Field]
   - Mailing Address: [Field]
   - City: [Field]
   - State: [Field]  ZIP Code: [Field]
   - Home Phone: [Field]  Cell Phone: [Field]
   - Email: [Field]
   - **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: [Field]  Age: [Field]
   - **Child**
     - DOB: [Field]  Age: [Field]
     - DOB: [Field]  Age: [Field]
     - DOB: [Field]  Age: [Field]
     - DOB: [Field]  Age: [Field]

3. **I AM APPLYING FOR**
   - Check category for which you are applying
   - **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**

4. **TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING DOCUMENTS:**
   - **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)?**
     - [Field]  [Field]  [Field]
     - [Field]  [Field]  [Field]
     - [Field]  [Field]  [Field]
   - **Parent/Guardian #1**
     - At Home  Working  In School
   - **Parent/Guardian #2**
     - At Home  Working  In School
   - **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**
   - **$ _________________________**
   - **$ _____________ 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**
   - [Field]  Date: [Field]

6. **ATTACH ALL APPLICABLE FINANCIAL DOCUMENTS AND TURN IN TO YOUR YMCA MEMBER SERVICES DESK.**

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**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.

**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.