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

**Apply for assistance in 6 easy steps!**

## 1. Applicant Information

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>ZIP Code</td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
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<tr>
<td>Cell Phone</td>
<td></td>
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<tr>
<td>Email</td>
<td></td>
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</tbody>
</table>

If an applicant is under 18: Parent’s or legal guardian’s name

## 2. All Persons Living in This Household

<table>
<thead>
<tr>
<th>Adult</th>
<th>DOB</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>DOB</td>
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<td>Child</td>
<td>DOB</td>
<td>Age</td>
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</tbody>
</table>

## 3. I am Applying for

- **MEMBERSHIP**
  - **Program**
    - Adult (age 26+)
      - One Adult + Child(ren)
      - Two Adults + Child(ren)
    - Senior/Senior Couple (age 65+)
    - Young adult (age 19-25)
    - Youth/High School (age 8-18)
  - Other

- **All before/after school & preschool camps**

- **FOR CHILD CARE & CAMP APPLICANTS ONLY**

- **Who has custody of the child(ren)?**
  - Joint
  - Mom
  - Dad
  - Foster
  - Guardian
  - I do not have custody

## 4. To Qualify for Scholarship, Provide the Following Documents:

- **I filed Federal 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.

- **I did not file Federal Tax Form(s) for last year or my household income has changed since I filed tax form last year**

  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).

  - $ __________________
  - 30 Days Income

## 5. Signature of person completing this form

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

## 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.

Please allow 3-5 days for processing