



# Athol Area YMCA FINANCIAL ASSISTANCE APPLICATION

Everyone belongs at the Y! Our Financial Assistance program enables all individuals and families to become active members and participants at a rate that fits their budgets. This program is possible thanks to the many generous donors who support the YMCA's Annual Campaign — 100% of donations made to the Y help support kids, adults and families in need.

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Which scholarship(s) do you need			<input type="checkbox"/> New Application
<input type="checkbox"/> Membership	<input type="checkbox"/> Childcare	<input type="checkbox"/> Camp	<input type="checkbox"/> Renewal

**Who else lives in your household?**

_____	____/____/____	_____	____/____/____
Name	Date of Birth	Name	Date of Birth
_____	____/____/____	_____	____/____/____
Name	Date of Birth	Name	Date of Birth
_____	____/____/____	_____	____/____/____
Name	Date of Birth	Name	Date of Birth
_____	____/____/____	_____	____/____/____
Name	Date of Birth	Name	Date of Birth

<b>What is your household's annual financial picture?</b>	<b>REQUIRED DOCUMENTS</b> <small>Please do not submit originals</small>
Gross wages, Salary & Tips 1040) or recent months pay stubs	\$ _____ Federal Tax Return (Form
SSI/ Government Assistance TAFDC Statement	\$ _____ Agency Award Letter/SNAP or
Unemployment Compensation	\$ _____ Unemployment Award Letter
Child Support/Alimony Statement	\$ _____ Court Award Letter & or D.O.R.
Retirement/Investments \$ _____ Pen- _____	<b>Estimated Gross Income: \$ _____</b>

**Annual Renewal Notice**

I understand that I will be asked to submit updated financial information annually, in order to confirm that I still qualify for assistance and to adjust my rate as appropriate. I understand that if I do not resubmit my financial information before my financial aid expires my membership fees **will automatically increase to the regular rate.**

**Why are you applying for assistance?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

<b>For Office Use Only</b>	<b>Type of Membership &amp; Percentage</b> _____
Total cost _____	Amt of sponsorship _____ Amount to be paid by member _____
	Staff Initials _____