

**YMCA of Central MA  
Financial Assistance (Y Access) Program**

*Everyone belongs at the YMCA, regardless of income.*

If you've been thinking that you can't afford to be part of the YMCA, think again. At our YMCA, we welcome everyone's involvement by providing financial assistance through our confidential Access Program. It's an important part of our mission:

*The YMCA of Central Massachusetts is an association united in the common goal to strengthen our communities and to develop the spirit, mind and body of all persons, regardless of means, through activities guided by and based upon our core values of caring, honesty, respect and responsibility.*

**How do I apply?**

Complete the following application, attach documentation to verify your income and return it to the YMCA. Please include 4 paystubs (or two if paid bi-weekly.)

**How is the amount of financial assistance determined?**

We will review your financial information and, based on a sliding fee scale, determine the amount of assistance that will be offered to you.

**How is confidential information handled?**

Your financial information is confidential and is shared with only those people who approve your application.

**Where do the funds for the Access Program come from?**

The Y Access Program is funded by contributions to our Strong Kids Campaign and annual special fundraising events.

**Application**

**Personal Information**

Please print all information and answer all questions. Be certain to attach required documents. Thank you.

Head of Household \_\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Days/Hours Worked \_\_\_\_\_

Please list all people living in your household, whether related or not.

Name	School/Employer	Date of Birth
1.		
2.		
3.		
4.		
5.		

Have you ever applied for financial assistance at the YMCA before? \_\_\_\_ No \_\_\_\_ Yes

Were you given financial assistance at that time? \_\_\_\_ No \_\_\_\_ Yes

**When applying for financial assistance it is important for the YMCA to know if you are currently receiving or if you may be eligible for any other type of financial help for child care or camp. If you are eligible for support from the state, through Child Care Resources, or the YMCA, it may save you money. And it will allow the YMCA to use its resources to assist families and children who do not have other options to make YMCA child care and camp affordable.**

1. Is your child currently attending child care (YMCA or other) in a government assisted slot?  No  Yes  
 If "yes", check one if applicable:  Basic/Income eligible slot  Voucher  Other  
 Where is he/she currently attending child care \_\_\_\_\_

If you answered "yes" to the above, the YMCA Access Program may not be the best option for you, as the government may subsidize your child's YMCA child care or summer camp. A YMCA staff person will call you to discuss your situation.

2. Are you currently receiving government assistance in the form of welfare/transitional assistance?  
 No  Yes  
 If "no", have you received such assistance in the past 12 months?  No  Yes

If you answered "yes" to either part of question #2, you are likely to be eligible for financial aid from the State in the form of a voucher for child care and/or camp. You must apply for a voucher as your first means of financial assistance.\*The cost to you is likely to be lower.

\*Call Child Care Resources at 508-856-7930 for information. Even if vouchers are unavailable right now, you must be put on the waiting list. You may receive financial assistance from the YMCA in the interim, but eventually you may come to the top of the waiting list.

Record of call to Child Care Resources:

Date called \_\_\_\_\_ Name of Contact Person \_\_\_\_\_

Result of call \_\_\_\_\_

Have you applied for a voucher?  No  Yes

**Financial Information**

Please itemize your monthly, pre-tax income and selected expenses:

	<b>Monthly Income</b>		<b>Monthly Expense</b>
Gross wages, salary, tips	\$ _____	Rent or Mortgage	\$ _____
Unemployment compensation	\$ _____	Utilities	\$ _____
Social Security	\$ _____	Medical Expenses	\$ _____
Child Support	\$ _____	(please explain) _____	
AFDC/TANF	\$ _____	_____	
Food Stamps	\$ _____	_____	
Retirement Income	\$ _____	_____	
(non Social Security)			
Other Income	\$ _____		
(alimony, interest, etc.)			
Total Monthly Income	\$ _____		

Please detail any special circumstances which we should know in order to make an informed decision on your application:  
 \_\_\_\_\_  
 \_\_\_\_\_

**I attest that all of the information provided is true:**

\_\_\_\_\_  
**Signature**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date**

**Office Use Only: Scholarship award \_\_\_\_\_ % Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**