



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Central Massachusetts
The “Y Access” Pricing Program
Financial Assistance

Please turn all documents into the branch that you are requesting assistance from for review. You will be notified by mail within seven (7) business days after we receive your request.

Central Community Branch, 766 Main Street, Worcester, MA 01610
Greendale Family Branch, 75 Shore Drive, Worcester, MA 01605
Boroughs Family Branch, 4 Valente Drive, Westborough, MA 01581
Montachusett Community Branch, 55 Wallace Avenue, Fitchburg, MA 01420
Leominster Community Branch, 108 Adam Street, Leominster, MA 01453
Tri-Community Family Branch, 43 Everett St, Southbridge, MA 01550

The “Y Access” Membership Pricing Program

Our Y is here for everyone in our community. To ensure every person and family can afford a membership to the Y, we offer a scale of monthly membership dues based on your income and household size. Please use the chart below to see an estimated amount of what you would pay monthly for a membership.

Household Income	Scholarship	Young Adult	Adult	Family 2	Family 3+	Senior	Senior 2
\$54,600 & Under	40%	\$28.96	\$43.92	\$69.38	\$75.75	\$39.47	\$61.11
\$54,601 - \$63,000	30%	\$33.79	\$51.24	\$80.95	\$88.38	\$46.05	\$71.30
\$63,001 - \$71,400	20%	\$38.62	\$58.56	\$92.51	\$101.00	\$52.62	\$81.48
\$71,401 - \$79,800	10%	\$43.44	\$65.88	\$104.08	\$113.63	\$59.20	\$91.67
\$79,800 & Over	-	\$48.27	\$73.20	\$115.64	\$126.25	\$65.78	\$101.85

Applicants PLEASE:

1. Fill out the financial assistance application completely.
2. Attach written documentation of all income sources, including a month’s worth of pay stubs showing year-to-date pay and/or any public assistance statements for all adults in the household.
3. Attach a copy of your most recent tax return (IRS form 1040) to verify adults/members of household.
4. If self-employed, a copy of your Schedule C as well as a YTD income & expense report from your accountant along with your 1040’s, W2, and paystubs if applicable.
5. If you are not currently working, please submit any unemployment benefits you are currently receiving.
6. If you are a full time student, please provide us with your most recent class schedule.
7. **Active duty or retired military are eligible for 10% Y-access at a minimum (for any membership you are part of). By checking this box ☐ you are confirming your status as active duty or retired military and will receive the 10% discount without needing to submit income documentation; only submit your Active duty card, VA ID or driver's license (indicating *veteran). If you are active duty or retired military and would qualify for a higher discount, please complete the entire form and submit documentation outlined previously (steps 2 - 6).**

Financial Assistance Policy

The YMCA of Central MA provides financial assistance to qualified applicants based on the following criteria:

1. Income and family size.
2. A max of Forty percent (40%) off of membership and programs (child care and camp are separate scale).
3. Y-Access is granted for 1 year. Applicants must reapply each year.
4. Y-Access will not be granted on subsidized memberships. These include but are not limited to: Preschool/Youth, Teen, and Central/Montachusett/Leominster Only.

Branch (please circle one): Boroughs Central Greendale Montachusett Leominster Tri-Community
Name of Applicant _____ DOB _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Employer _____ Occupation _____
Email Address _____ Emergency Contact / Phone _____

Family Size: # of adults (including applicant) _____ # of children _____

List family members in Household: (You must include all adults residing at your address)

Name _____	DOB _____	Gender _____
Name _____	DOB _____	Gender _____
Name _____	DOB _____	Gender _____
Name _____	DOB _____	Gender _____
Name _____	DOB _____	Gender _____

Type of Membership or Program for which you are applying (please circle one):

Adult Family Senior Program Camp Child Care

Are you currently a YMCA Member? YES NO Where? _____

Please outline any additional reasons that are relevant to your application for assistance (example: hardships):

Total Family Gross Income for last year _____

Please indicate total amount of current monthly family income from all sources including wages, salary, public assistance, child support, alimony, unemployment, interest, rent, etc. Please attach copies of all income sources.

I hereby certify that the information supplied on this application is true, accurate and complete to the best of my knowledge and that there is no misrepresentation by omission. I agree to notify the YMCA, in writing, of any change in information supplied herein that might affect my eligibility for financial assistance. I further understand that this application does not constitute acceptance by the YMCA and that I will be notified as to whether my application for assistance has been approved.

Signature of Applicant _____ Date _____

For Office Use Only

Date:

YMCA Staff:

Amount of Assistant Approved:

All Information is confidential

If you have questions or if verification listed above cannot be provided, then please call your branch to schedule an appointment.