



## GREATER HOLYOKE YMCA FINANCIAL ASSISTANCE APPLICATION CHECKLIST

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### FINANCIAL ASSISTANCE CHECKLIST

All items below **MUST** be attached to the Financial/ Scholarship Assistance Application before submitting. Please understand that if any paperwork is incomplete or missing, your application will not be considered. If you have any questions regarding this application, please do not hesitate to call Cheryl Labrie at 534-5631, extension 109

- A copy of your household's last 1040 Form (Tax Return).
- If there are two adults in the household, **BOTH** adults **MUST** provide their monthly source of income. If employed, one month's worth of pay stubs is required. If an Adult is not working, a notarized letter of non-employment must be provided.
- If Supplemental Security (SSI) or Social Security Disability (SSDI) is the source of income—please provide the letter of verification.
- TAFDC, Food Stamps, Housing—please provide verification letters.
- Birth certificates of ALL children listed on the application must be provided.
- If applying for medical reasons – an official doctor's note should be provided.
- A letter explaining the applicant's need for financial aid. If this is a financial assistance renewal, please provide a letter explaining how your membership at the YMCA has benefited you

**\*A checking, savings, or credit card account is required.**



# GREATER HOLYOKE YMCA FINANCIAL ASSISTANCE APPLICATION

The Greater Holyoke YMCA will not deny participation in any of our activities because of an individual's lack of funds. While all participants are expected to pay their fair share, financial assistance is available at any time. The following application must be completed in its' entirety and the required documentation must be included; **incomplete applications will not be accepted.** Applications should be returned to Cheryl Labrie, Greater Holyoke YMCA, 171 Pine St., Holyoke, MA 01040. (Telephone: 413-534-5631)

**One month's proof of income must be included for all household members.** Please attach all income from the past month (i.e. pay stubs, unemployment, welfare documentation, SSI, SSDI, child support, food stamps, foster care income, etc.) A copy of last year's tax return (1040) is also required.

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**CHECK IF:** New Member \_\_\_ Renewal \_\_\_ Returning \_\_\_

### What type of membership are you applying for?

Program \_\_\_ Youth (ages 8-13) \_\_\_ High School (ages 14-18) \_\_\_  
Young Adult (ages 19-25) \_\_\_ Adult \_\_\_ Senior (age 65+) \_\_\_  
Adult Couple \_\_\_ One Parent Family \_\_\_ Family \_\_\_

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Name of Spouse of Applicant (if applicable) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

How many adults live in the applicants' home? \_\_\_\_\_ How many children? \_\_\_\_\_

(please complete back also)

Names of all dependent children in the household (**copies of birth certificates are required**):

_____	Date of Birth: _____	Age: _____
_____	Date of Birth: _____	Age: _____
_____	Date of Birth: _____	Age: _____
_____	Date of Birth: _____	Age: _____
_____	Date of Birth: _____	Age: _____
_____	Date of Birth: _____	Age: _____

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Please list source(s) of income for **all** household members and indicate if this amount is weekly, monthly, bi-weekly, etc. (**One month's proof of this income is required**). Please also attach tax return.

Source: Employment:                   \$ \_\_\_\_\_ per \_\_\_\_\_

Source: Employment:                   \$ \_\_\_\_\_ per \_\_\_\_\_

Source: Child Support:                 \$ \_\_\_\_\_ per \_\_\_\_\_

Source: Public/State Assistance:     \$ \_\_\_\_\_ per \_\_\_\_\_

Source: Food Stamps:                  \$ \_\_\_\_\_ per \_\_\_\_\_

Source: SSI/SSDI:                      \$ \_\_\_\_\_ per \_\_\_\_\_

**\*\*REQUIRED\*\*** Please complete the following (or attach separate letter). What benefits would you or your family derive from becoming a member of the Greater Holyoke YMCA? If this is a renewal, please indicate how the Holyoke YMCA has benefited you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you willing to volunteer or share your story? YES / NO

I attest that the above information is correct.     Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Date approved \_\_\_\_\_                   Type of membership \_\_\_\_\_

Percentage paid by the YMCA \_\_\_\_ Percentage paid by the member \_\_\_\_\_

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
**FOR SOCIAL RESPONSIBILITY**