



YMCA of Martha's Vineyard

## **Membership & Programs for All Financial Assistance Program**

The YMCA of Martha's Vineyard is a non-profit membership organization committed to building strong communities, families, and individuals through programs that promote youth development, healthy living and social responsibility. We believe no one should be denied membership or program participation due to financial circumstances. Financial assistance is made possible through charitable donations to our scholarship fund.

We believe that a strong sense of ownership and pride is developed if members have contributed to the cost of their YMCA involvement. Therefore, Membership for All applicants are asked to pay a portion of their membership dues. Members receiving financial assistance need to reapply annually and program participants need to reapply every 6 months. Payment is required when you activate your membership. Applicants may choose to pay their full annual balance, or make monthly payments towards the annual balance.

### **To process your application we would like the following information:**

- Copy of photo ID
- Copy of last two pay stubs for you and domestic partner OR unemployment benefit letter
- Copy of bank statements for the last three months
- Copy of your most recent tax return
- Completed Y Financial Assistance Application
- If you are unable to produce any of the above documents, please provide a brief letter of explanation or personal statement explaining your circumstances.

We will make every effort to work with applicants who have difficulty providing any of the above documentation. We need to be aware of your expenses so that we can provide assistance in a fair and consistent manner. A personal statement and/or letter of recommendation may help us to confirm your stated financial situation. Please be aware that falsification of information will lead to immediate termination of your membership or denial of a scholarship.

Please allow up to 7-14 days to process your application, and provide a way to contact you if more information is needed. All YMCA of Martha's Vineyard members receive the same membership benefits, regardless of whether or not they are receiving financial assistance. Members can feel good knowing that they are involved in an organization that cares greatly for the health and wellbeing of people in their community.

For questions regarding financial assistance please contact Julie Benway, at (508) 696-7171 ext. 0 or [julie@ymcamv.org](mailto:julie@ymcamv.org).



# YMCA of Martha's Vineyard

## Membership & Programs for All

### Financial Assistance Application

**Y STAFF USE ONLY:**  
 RECV'D: \_\_\_/\_\_\_/\_\_\_  
 FIN. AID % \_\_\_\_\_  
 MONTHLY PAYMENT \_\_\_\_\_  
 ANNUAL PAYMENT \_\_\_\_\_  
 STAFF INITIAL \_\_\_\_\_

### I. Applicant Information:

Please select which type of Financial Assistance you are requesting:

- MEMBERSHIP Please select type:  Adult  Single Parent Family  2 Adult Family  
 Senior  Senior Couple  Young Adult  Teen

PROGRAM Please specify which program(s): \_\_\_\_\_

Are you Re-Applying for a Scholarship? \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  M  F

DOB \_\_\_/\_\_\_/\_\_\_ Billing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

If under 18 years old, please print name of Parent/Guardian: \_\_\_\_\_

### II. Family Membership Information (List Last Name if Different)

	Household Names	M/F	Birth Date	Relationship
01				
02				
03				
04				
05				
06				

### III. Income Information:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Partner/Spouse Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Please list all sources of monthly income:

- Your **gross** monthly income \$ \_\_\_\_\_
- Partner/Spouse's **gross** monthly income \$ \_\_\_\_\_
- Social Security/Disability \$ \_\_\_\_\_
- Child Support \$ \_\_\_\_\_
- Unemployment/Pension \$ \_\_\_\_\_
- Other income \$ \_\_\_\_\_

TOTAL HOUSEHOLD MONTHLY INCOME: \$ \_\_\_\_\_

**If you would like to include any additional information, extenuating circumstances or household expenses you would like us to consider when processing your application, please attach a letter to this application.**

*I agree that all information provided to the YMCA of Martha's Vineyard is accurate and truthful. I understand that falsification of information will lead to immediate termination my membership or denial of a scholarship.*

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

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