



Membership & Programs for All Financial Assistance Program

YMCA of Martha's Vineyard

If you are thinking you cannot afford to be member or participate in programs at the Y—let our Financial Assistance program help change that!

As part of our mission, we strive every day to ensure the Y and our services are available to all community members. We never want financial burden to prevent kids and adults from accessing our programs and services and living a healthy lifestyle. Please contact Member Coordinator, Lindsay Webster with questions for additional information at lwebster@ymcamv.org or (508) 696-7171 ext. 111

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 helps support kids, adults and families in need.

Financial assistance is granted based on the need demonstrated by household income and/or extenuating circumstances. Each application is confidentially reviewed on an individual basis. Financial assistance reduces membership or program fees as a percent off the total cost. Financial Assistance can be applied to membership, group swim lessons, After School Program, Summer Camp and dance.

To process your application we would like the following information:

- Completed Y Financial Assistance Application
- Copy of photo ID
- Copy of last two pay stubs for you and domestic partner OR unemployment benefit letter
- Copy of your most recent tax return or W2
- If you can't provide paystubs, taxes or W2; we request a copy of bank statements for the last three months to verify income (not required if other documentation provided)
- 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.

Please see income scale below as a guideline for qualification.

Family Size	Yearly Income Range
1	\$18,000 - \$48,000
2	\$24,000 - \$65,000
3	\$30,000 - \$82,000
4	\$36,000 - \$99,000
5	\$43,000 - \$115,000
6	\$49,500 - \$132,000
7	\$55,000 - \$149,000
8	\$62,000 - \$165,000



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

III. Income Information:

Occupation _____ Employer _____

Partner/Spouse Occupation _____ Employer _____

Please list all sources of monthly income:

- | | |
|--|----------------------------------|
| 1. Your gross monthly income \$ _____ | 4. Child Support \$ _____ |
| 2. Partner/Spouse's gross monthly income \$ _____ | 5. Unemployment/Pension \$ _____ |
| 3. Social Security/Disability \$ _____ | 6. 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 _____