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.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Yearly Income Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$18,000 - $48,000</td>
</tr>
<tr>
<td>2</td>
<td>$24,000 - $65,000</td>
</tr>
<tr>
<td>3</td>
<td>$30,000 - $82,000</td>
</tr>
<tr>
<td>4</td>
<td>$36,000 - $99,000</td>
</tr>
<tr>
<td>5</td>
<td>$43,000 - $115,000</td>
</tr>
<tr>
<td>6</td>
<td>$49,500 - $132,000</td>
</tr>
<tr>
<td>7</td>
<td>$55,000 - $149,000</td>
</tr>
<tr>
<td>8</td>
<td>$62,000 - $165,000</td>
</tr>
</tbody>
</table>
YMCA of Martha’s Vineyard
Membership & Programs for All
Financial Assistance Application

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)

<table>
<thead>
<tr>
<th>Household Names</th>
<th>Relationship</th>
<th>M/F</th>
<th>Birth Date</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
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<td>02</td>
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</tr>
</tbody>
</table>

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 ________________