

Name: _____ Membership Number: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Date of Birth: _____ E-mail: _____
 Phone: Day _____ Evening _____ Cell Phone _____
 Your Employer's Name & Address: _____

Financial assistance requested for: Instructional Program ___ Camp ___ Early Education & Out-of-School Time Programs ___
 Program Membership ___ Other ___

Spouse's Name: _____ Date of Birth: _____
 Spouse's Employer's Name & Address: _____

Your Annual Adjusted Gross Income \$ _____ Spouse's Annual Adjusted Gross Income \$ _____
 Child Support Income \$ _____ Other Income (source & amount) _____

Number of Family Members: _____ (proof of family size may be required)

1. _____ Date of Birth ___/___/___ 4. _____ Date of Birth ___/___/___
 2. _____ Date of Birth ___/___/___ 5. _____ Date of Birth ___/___/___
 3. _____ Date of Birth ___/___/___ 6. _____ Date of Birth ___/___/___

List any special circumstances highlighting your reason for need: _____

Yes, I am willing to share my Y story with the YMCA to help support the Annual Reach Out campaign.

To qualify for ACCESS you must submit the following documents:

- Complete ACCESS application
- Household income from most recent tax return (1040, not W2) *social security numbers will be redacted* AND
- One month proof of recent income (payslips), or other proof of your current combined household income (SSI/SSDI)
- Other proof of income verification may be required and/or accepted at the discretion of the YMCA, i.e. signed letter from your employer, on your employer's letterhead with the weekly income you earn.

The information listed on this form is correct to the best of my knowledge. I understand that the financial assistance granted to me by the YMCA of Greater Boston must be re-applied for annually, from the date of this application, or as requested by the YMCA. **I understand it is my responsibility to reapply and that the YMCA will send out a financial assistance expiration notice 30 days prior to expiration. If I do not re-apply for financial assistance my fees will be charged at the full-published rate.**

Applicant Signature: _____ Date: _____

***** FOR OFFICE USE ONLY *****			
Program / Program Membership:		Early Education & Out-of-School Time Programs/Camp	
Subsidy _____%	Scholarship Code _____	Subsidy _____%	Scholarship Code _____
Begin Date _____		Begin Date _____	
Review Date _____		Review Date _____	

Date mailed/e-mailed confirmation _____ Date entered in Scholarship Code _____

Approved By: _____ Date: _____

**YMCA of Greater Boston
ACCESS Financial Assistance Application**



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

Since 1851, the YMCA of Greater Boston has lived its mission to build health of spirit, mind and body for all and to improve the quality of life for children, teens, adults and families throughout Greater Boston. At the Y, strengthening community is our cause. By encouraging youth development, promoting healthy living and fostering social responsibility the Y is positively impacting people and communities. Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive.

Deeply rooted in our community, it is the mission of the YMCA to make it affordable for all. Membership and programs are available to all regardless of age, income, ability, race or religion. Based on available resources and sliding scale eligibility, the Y will not turn anyone away due to an inability to pay our full fees. Our ACCESS program provides financial assistance based on need through an easy application process. Much of the financial assistance dollars shared are made possible through the generosity of those who contribute to our Annual Reach Out Campaign and United Way support.

Financial Assistance Policy

The YMCA of Greater Boston will provide financial assistance to qualified applicants through our ACCESS program based on the following:

- Applicants qualify for assistance based on annual adjusted gross household income and the size of the family.
- ACCESS assistance is available up to 60% for membership and programs and up to 50% for early education, out-of-school time and camp. Branch Executives have authority, based on extreme need, to make larger assistance grants.
- ACCESS is reviewed at least annually by the YMCA, from the date of this approved application, or as requested by the YMCA.
- The applicant must responsible to reapply with current income verification prior to the end date of his/her financial assistance or as requested by the YMCA. The YMCA will send a financial assistance expiration notice 30 days prior to expiration. If the applicant does not re-apply for financial assistance fees will be charged at the full-published rate.
- The amount of financial assistance being offered is limited only to the overall resources of the YMCA of Greater Boston.
- All ACCESS financial assistance information is confidential.

Application Process

- Complete ACCESS application
- Household income from most recent tax return (1040, not W2) *social security numbers will be redacted* AND
- One month proof of recent income (paystubs), or other proof of your current combined household income (SSI/SSDI)
- Other proof of income verification may be required and/or accepted at the discretion of the YMCA, i.e. signed letter from your employer, on your employer's letterhead detailing the weekly income you earn.

Notification Process

- The YMCA will notify applicants via the contact information provided on the ACCESS application.
- Applicants are expected to update contact information as needed.
- Please expect to hear from us within 14 days of submitting your complete ACCESS application.