

WEST SUBURBAN YMCA Financial Assistance

YMCA Mission Statement: *The west Suburban YMCA is a non-profit community service organization devoted to the physical health, the mental well being, and the moral development of children, any age, race, religion, heritage, economic circumstance, or physical ability. The Y strives to imbue all its members and participants with the core values of honesty, caring, respect and responsibility.*

Community Access: The membership services and programs of the West Suburban YMCA are open to any person regardless of religion, race, color, national origin, sex, physical or mental handicap.

Financial Assistance: We believe that any person should be able to attend the YMCA if they so desire, even though they are unable to pay the full membership or program fee.

Financial assistance is available through our sustaining/scholarship fund because of contributions from organizations and individuals dedicated to the purpose of helping persons in need.

Requests for these funds can be made to the West Suburban YMCA by staff members, individuals, welfare organizations, school, churches, and other community groups.

How to apply

1. If you are applying for assistance, be sure to do so 30 days before the start of intended use.
2. Assistance will be awarded for the duration of a given program. Membership aid is renewable annually.
3. In no way will anyone be identifies publicly.
4. The attached financial assistance form must be completed in so that an appropriate award can be determined. All decisions will be made within 4 weeks of receipt, provided all necessary documentation is attached.
5. Completed financial aid forms should be returned in a sealed envelope by mail or in person (do not fax) to:

**West Suburban YMCA
Attn: Financial aid Administration
276 Church Street
Newton, MA 02458**

SPECIAL NOTE: Summer camp scholarships and child care scholarships require a different financial aid form. Please see the front desk for an appropriate application. **ALSO:** The time table for camp scholarships differs considerably from membership/program requests. Camp financial aid applications must be submitted no later than March 1st.



Financial Assistance Form

MEMBERSHIP & PROGRAM

ALL INFORMATION MUST BE FILLED OUT COMPLETELY, in order to be processed.
Send to: West Suburban YMCA, 276 Church Street, Newton, MA 02458, ATTN: Janeen Bazarian

DATE: ___/___/___

Applicant's Name: _____ Age _____ Sex _____ Birthday: ___/___/___

Address: _____ City: _____ Zip: _____

Telephone: _____ Work Number: _____

E-MAIL ADDRESS _____

Referring Person/Agency _____ Phone Number _____

PLEASE ATTACH THE FOLLOWING

At a minimum, you must furnish copies of the following applicable documents:

- (1) Verification of your current income in the form of a pay stub or letter from your employer verifying your current salary;
- (2) Documents verifying the amount of the income you receive from sources other than wages, such as notifications from the Social Security Administration, Transitional assistance, unemployment, food stamp benefit, child support and/or rental income
- (3) A copy of your most recent bank statement-FULL STATEMENT.
- (4) If you have experienced a change of circumstances such that your most recent financial documents does not accurately reflect your financial circumstances, then please include a statement explaining the change of circumstances.
- (5) If you have additional information which you feel is pertinent to your request for financial aid, then please include that also. For example, statements of how the aid will benefit your child and/or family's special circumstances. Supportive data from other agencies or professionals can be pertinent to your application.

ADDITION DOCUMENTS MAY BE REQUIRED

Do you currently have a West Suburban YMCA membership? Y N

REQUESTING FINANCIAL AID FOR: (Please check)

Adult Membership _____
(\$68/month via bank draft)

Youth Membership _____
(6 months—13 years)
(\$120 per year)

Teen Membership _____
(14—18 years)
(\$180 per year)

Senior Membership _____
(Age 60+)
(\$55/month via bank draft)

Senior Couple Membership _____
(Age 60+)
(\$88/month via bank draft)

College Student _____
(full-time/valid. I.D.)
(\$50 per month)

Family Memberships _____
(\$108/month via bank draft)

3 Adult Family _____
(\$160/month via bank draft)

Single Adult Family _____
(\$88/month via bank draft)

PROGRAMS (Please list any programs you want to request): _____

Total Amount of services requested: \$ _____

Amount you are willing to contribute: \$ _____

(**All participants are required to pay something)

Funding Amount Requested: \$ _____

**INCOMPLETE FORMS WITHOUT
REQUESTED DOCUMENTATION
WILL NOT BE PROCESSED!**



INCOME & EXPENSES

Members of Household (including self)	Date of Birth	Relation to Applicant	School/ Occupation	Employer	Gross Wages per month
1.					
2.					
3.					
4.					
5.					
6.					
7.					

INCOME	ASSETS	MONTHLY	EXPENSE		
Sources of Income	Indicate if per week/month	Type	Amount	Expense	Amount
1. A.F.D.C.	1.	1. Savings	1.	1. Rent	1.
2. Grants	2.	2. Checking Acct.	2.	2. Subsidized Amount	2.
3. Social Security	3.	3. Securities	3.	3. Utilities	3.
4. Veteran's Aid	4.	4. Real Estate: Assessed Value	4.	4. Heat	4.
5. Unemployment	5.	5. Outstanding Mortgage	5.	5. Taxes	5.
6. Child Support	6.	6. Other	6.	6. Medical	6.
7. Rental Income	7.	Outstanding Bills		7. Food	7.
8. Earnings	8.	COMPANY	AMOUNT OWED	8. Food Stamps	8.
9. Other	9.			9. Car	9.
TOTALS				10. Clothing	10.
Total Monthly Expense:	(A.)			11. Other	11.
Gross Monthly Income:	(B.)	<i>The above information is, to the best of my knowledge, true and accurate. I understand that misinformation may result in my disqualification from this program.</i>			
Net Monthly Income:	(B -A)	_____		_____	
		Signature		Date	