



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# COMMUNIT\_ WE ALL NEED THE Y

**There's no place quite like the Y.**

We're a vital part of Cape Cod; a welcoming place to learn new skills, connect with others, and access support in times of need. Our unique combination of services enriches the well-being of people of all ages and walks of life. As a nonprofit organization, we never turn away anyone who needs us.



# FINANCIAL ASSISTANCE

## Our Mission

To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

## Our Cause

Strengthening the foundations of community.

## Who We Are

The Y is the nation's leading nonprofit committed to strengthening communities through youth development, healthy living and social responsibility.

In pursuit of our mission, it is the philosophy of the YMCA Cape Cod to provide assistance to anyone who may not have the financial ability to participate in the YMCA. Since it is our intent that no one be denied membership or participation in programs because of an inability to pay, we offer financial assistance to those who qualify.

Financial assistance is granted on the need demonstrated by the household income and extenuating circumstances.

Funds are available due to the generosity of our YMCA supporters in our Annual Support Campaign.

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## HOW TO APPLY

1. Please complete and sign the FINANCIAL ASSISTANCE APPLICATION FORM
2. Attach proof of household income. All required documents must be submitted for the application to be processed.
3. If you do not have the required documents or have questions please contact the Membership Director at (508) 362-6500 x129.
4. Applicants will be notified of the status of their financial assistance request within three weeks of the date received via phone and/or email.

# FINANCIAL ASSISTANCE APPLICATION FORM

## Proof of Income & Address

If you do not have all required items, contact Membership Services at (508) 362-6500 x129. You will be required to set up a financial assistance interview to review your documents. Incomplete applications without an interview will not be processed.

- \$ \_\_\_\_\_ First two pages of current tax return
- \$ \_\_\_\_\_ Two months of pay check stubs
- \$ \_\_\_\_\_ Current Bank Statements (last two months)

If Applicable:

- \$ \_\_\_\_\_ Food Stamps Documentation
- \$ \_\_\_\_\_ SSI Letter
- \$ \_\_\_\_\_ Unemployment Compensation Documentation
- \$ \_\_\_\_\_ Child Support
- \$ \_\_\_\_\_ Housing Assistance

Proof of additional documentation may be required to process your application.

## Personal Information (Please Print)

What type of financial assistance are you applying for?

- MEMBERSHIP Type: \_\_\_\_\_
- CHILD CARE Site: \_\_\_\_\_
- YMCA CAMP LYNDON Session Dates: \_\_\_\_\_
- WEST BARNSTABLE DAY CAMP Session Dates: \_\_\_\_\_
- Other: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  Share your Y story with our Annual Support Campaign.

## Household Members

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ School/Work: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ School/Work: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ School/Work: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ School/Work: \_\_\_\_\_

By signing, I certify that the information contained in my application is correct.

Name: \_\_\_\_\_ Date: \_\_\_\_\_