



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HELPING YOU LIVE BETTER

FINANCIAL SUPPORT AT THE Y

The YMCA Cape Cod is a nonprofit, health and human services organization committed to helping people reach their full potential in spirit, mind, and body. Our promise is to never turn anyone away due to their inability to pay. Our Annual Support Campaign makes it possible for children, adults, or entire families to participate through membership and programs providing financial assistance during times of need.



WEST BARNSTABLE

2245 IYANNOUGH ROAD,
WEST BARNSTABLE, MA
(508) 362-6500

FINANCIAL ASSISTANCE

Our Mission

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

Our Cause

Strengthening the foundations of community.

Who We Are

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

Our unique combination of services enriches the well-being of people of all ages and walks of life. We seek to make our programs and services affordable for everyone in the communities we serve. Our Financial Assistance program provides pricing for YMCA membership according to household income to ensure that we are accessible to those who need us most.

Through the generosity of contributors to our Annual Support Campaign, our goal is to have sufficient funds to ensure our Y remains available to all. Individuals must provide all the requested information as well as filling out the application attached. Scholarships are awarded on a first-come first-serve basis and are subject to available funds.



HOW TO APPLY

1. Please complete and sign a **FINANCIAL ASSISTANCE APPLICATION FORM**
2. **Attach a copy of your latest tax return.**
3. **If applicable, attach photocopies of the following:**
 - Last two current pay stubs
 - Documentation of Social Security or Disability
 - Documentation of other subsidized income (food stamps, rent subsidy, etc.)
 - Copy of Child Support/Alimony
 - Last three months' bank statements
3. Applicants will be notified of the status of their financial assistance request within three weeks of the date received, via phone and/or email.

****If you do not have the required documents or have questions please contact Christine McGee at (508) 362-6500 for Membership Financial Aid or Denise Graham-Reardon (ext.1020) for Childcare/Camp Financial Aid ****

Financial Assistance Application

Application must be filled out completely. Please print clearly and include all required paperwork listed on the previous page.

APPLICANT'S INFORMATION		OTHER ADULT IN HOUSEHOLD INFORMATION	
Name & DOB		Name & DOB	
Home address		Home address	
City & Zip Code		City & Zip Code	
Phone		Phone	
Alternative phone		Alternative phone	
Email		Email	

I AM APPLYING FOR:

- ☐ **MEMBERSHIP Type:** _____
- ☐ **CHILD CARE Site:** _____
- ☐ **CAMP Site/Session Dates:** _____
- ☐ **OTHER:** _____

NAME (first/last)	SCHOOL/EMPLOYER	BIRTHDATE	AGE	GENDER

****DOCUMENTATION OF ALL APPLICABLE INCOME MUST BE SUBMITTED WITH APPLICATION****

GROSS INCOME	APPLICANT	HOW OFTEN	OTHER ADULTS	HOW OFTEN
Employment/Wages	\$		\$	
Child Support	\$		\$	
Alimony	\$		\$	
Unemployment	\$		\$	
Food Stamps	\$		\$	
SSA/SSI	\$		\$	
Housing Assistance	\$		\$	
Worker's Comp.	\$		\$	
Tax Return	\$		\$	
Other	\$		\$	

Financial Assistance Application

Application must be filled out completely. Please print clearly and include all required paperwork listed on the previous page

Have you received Y financial assistance in the past? Yes ☐ No ☐

If yes, what was the date of your most recent assistance and what Y program did you participate in?

Date/Year: _____ Program: _____

Please explain if you cannot provide documentation of your household income:

List any special circumstances that may affect your reasons for applying for aid below. More information may be required if form is incomplete

Please Note:

If all documents are not included, your application will not be processed.
To continue Financial Assistance, you must re-apply when funding expires.

**I certify that the above information is true and correct to the best of my knowledge.
I agree to inform the Y immediately of any changes in my income or family size.
I understand that false information or failure to report any change could jeopardize my financial assistance.**

I also understand that financial assistance is contingent upon the availability of funds, which are provided to the Y through the community donations. Scholarships are awarded on a first-come, first-served basis and are subject to availability of funds.

I understand that ongoing participation is not automatic and the Y reserves the right to refuse assistance to any applicant.

I agree to follow all guidelines listed on this application and understand that failure to do so could result in the loss of my funding.

Signature: _____ Date: _____

Your signature indicates that you have read and understand the policies and principles of the Y Financial Assistance Program