

Y-Assist Application Application Requirements

Paperwork Checklist

- 1 Months' worth of paystubs

--OR--

- Most Recent 1040 Tax Form
 Copies of Government Subsidies (TAMF/TAFDC, SSI, etc.)
 Two pay stubs from the past 6 weeks
 If paystubs aren't available, bank statements and letter from employer
 Proof of all other income (child support, scholarships, etc.)

Send completed application to

Education: Director of Family Service
Kathleen Glennon
280 Old Conn. Path Framingham, MA 01701
Phone 508.879.4420 x246
kglennon@metrowestymca.org

Hopkinton: Business Manager and Camp Registrar
Cori Merchant
45 East Street Hopkinton, MA 01748
Phone 508.435.9345 x110 Fax 508.435.9201
cmerchant@metrowestymca.org

Framingham: Membership Director
Aura Hernandez
280 Old Conn. Path Framingham, MA 01701
Phone 508.879.4420 x271 Fax 508.620.1610
ahernandez@metrowestymca.org

Additional Important Information:

- Funds used to support our Y-Assist program are raised through our Annual Campaign. The amount of assistance offered will not exceed the resources of the MetroWest YMCA.
- Programs fees are due before service is provided
- It may take up to 30 days to process your financial aid request. Please be aware of registration dates.

I certify that the information on this form is accurate and true. I agree to pay the amount determined by the YMCA on a timely basis and realize that failure to do so may result in the loss of services. I understand that by applying for MetroWest YMCA Y-Assist for camp and education programs, my information will be added to the Massachusetts Department of Early Education and Care Waitlist for child care subsidies. If I am given the opportunity to receive child care tuition assistance from another source I will use that alternative funding source instead of the MetroWest YMCA Y-Assist. I understand that I will need to reapply for YMCA Y-Assist based on the expiration date stated on my approval letter.

Applicant Signature: _____ Date: _____

*****Office Use Only*****

Application Received By: _____ Date Received: _____
Are all required documents attached to this application? _____

Y-Assist Application

Primary Applicant Name: _____	Preferred Language: _____		
Address: _____	City: _____	State: _____	Zip: _____
Date of Birth: _____	Email: _____		
Phone: Day: _____	Evening: _____	Cell: _____	
Employer: _____	Salary: _____	Avg. hours/week: _____	
Secondary Applicant Name: _____	Date of Birth: _____		
Employer: _____	Salary: _____	Avg. hours/week: _____	

Household and Dependent Information

Number of additional family members in household: _____ (Proof of family size may be required)

Please place a check mark next to all family members requiring financial assistance:

Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____

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Name: _____ Date of Birth: _____ Name: _____ Date of Birth: _____

Income Verification is required on all adults.

Please include child support and any other income including TANF/TAFDC, SSI and Child Support.

Total Household Yearly Gross Income: \$ _____

Programs and Membership (Choose from the following, circle selection)

Membership: Youth/Teen Young Adult (20-25yrs) Adult Senior (65+) Family Senior Family

Education – Early Learning Center: Framingham Branch

School's Out Site: Hemenway Framingham Branch Potter Rd. Hopkinton Natick Ashland

YMCA Programs/Classes (Specify) Aquatics/Swim Sports Gymnastics/Dance Enrichment

Camps: Summer Day Camps **Other (Specify):** _____

REQUIRED: Please explain your reason for applying and any extenuating circumstances that apply to your family.

This section will help those reviewing your application greatly. Please be sure to completely explain any and all circumstances in your household that warrant financial assistance. You may also include another page if more space is needed.

Yes, I am willing to share my Y story with the YMCA to help support the Annual Campaign (Please Initial) _____