MetroWest YMCA



Y-Assist Application

PRIMARY APPLICANT NAME:	Preferred Language			
Address:	City:	State:Zip:		
Date of Birth:Email:				
Phone #:Emergency Contact:		Phone #:		
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 all family members requiring financial assistance: Name Date of Birth: Name Date of Birth				
NameDate of Birth:	Name	Date of Birth		
NameDate of Birth:	Name	Date of Birth		
Household Monthly Gross Income: \$ Please include child support and any other income Including TANF/TAFDC, SSI and Child Support. INCOME VERIFICATION IS REQUIRED ON ALL ADULTS. Programs and Membership (Choose from the following, circle selection)				
Membership: Youth/Teen Young Adult (20-25yrs) Adult	26-64yrs) Senior (55+yrs) Family Senior Family		
YMCA Programs/Classes (Specify): Aquatics/Swim Spo	rts Gymnastics/	Dance Enrichment		
Early Learning Center				
School's Out Programs				
Camps: Summer Day Camp Other (Specify):				
REQUIRED: Please explain your reason for applying and any extenuating circumstances that apply to your family. This section will help those reviewing our 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) _____

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Y-Assist Application **Application Requirements**

	PAPERWORK CHECKLIST	
	1 Recent months' worth of paystubs	
	Or TWO of the following:	
	Most recent 1040 Tax Form	E
	Recent monthly bank statement	
	Letter from employer	
	Copies of Government Subsidies (TANF, TAFDC, SSI etc.)	
	Proof of all other income (child support,	
	scholarships, etc.)	
٨٨	ditional Important Information	

Send completed application to:

Framingham Branch: Membership Director

280 Old Conn. Path, Framingham, MA 01701 Phone 508.879.4420 Aura Hernandez ahernandez@metrowestymca.org

ducation Branch: Director of Family Services

280 Old Conn. Path, Framingham, MA 01701 Phone 508.876 6068 SchoolsOut@metrowestymca.org

Hopkinton Branch: Business Manager

45 East Street, Hopkinton, MA 01748 Phone 508.435.9345 **Brittany Quinones** bquinones@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.
- Program 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: _____ Application Received By: ______ Date Received:____

Education: Subsidy: _____% Date Approved: ______ Camp: _ Begin Date: _____ Exp. Date: ____ Sessions: Kinderwait Updated: ______ By: _____ Subsidy: _____% Date Approved: _ Acceptance letter sent to Family____Date___

Are all required documents attached to this application?