

Everyone belongs at the Y, regardless of income.

If you've been thinking that you can't afford to be part of the YMCA, think again!

YMCA OF THE NORTH SHORE



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

What is Y Financial Assistance?

Our Y says "yes" to all those in financial need. It's what sets us apart as a not-for-profit, community charitable organization. This year, the YMCA of the North Shore will award over \$2 million in essential Y programs and services to those who need help. We involve over 6,500 children, adults and families thanks to our Y's financial assistance program.

How it works...

All you need to do is apply! Y membership and program rates are determined on a sliding fee scale, based on household income.

- Complete the Y Financial Assistance Application
- A Y staff member confidentially reviews the request
- You receive, within two weeks, notification of your financial assistance rate.

To qualify for Y financial assistance, applicants must live in one of the 25 communities served by the YMCA of the North Shore. Your financial information is kept confidential and is shared only with those who approve your application.

How it's supported...

Together, with donors from our Y family, we are able to help our neighbors in need. 100% of donations made to the YMCA help support kids, adults and families in need. Our 3,200 donors, who support the Y For All annual campaign and our special events, are making a real difference in their community.



EVERYONE BELONGS AT THE YMCA!

YMCA FINANCIAL ASSISTANCE

Applicants for Y Financial Assistance must live in one of the 25 North Shore Y Communities

CHECK OUT ALL OUR LOCATIONS!

Beverly Cabot St. YMCA
245 Cabot Street
Beverly, MA 01915
978.922.0990

Beverly Sterling YMCA
254 Essex Street
Beverly, MA 01915
978.927.6855

Haverhill YMCA
81 Winter Street
Haverhill, MA 01830
978.374.0506

Cape Ann YMCA
71 Middle Street
Gloucester, MA 01930
978.283.0470

Ipswich Family YMCA
110 County Road
Ipswich, MA 01938
978.356.9622

Lynch/van Otterloo YMCA
40 Leggs Hill Road
Marblehead, MA 01945
781.631.9622

Salem YMCA
One Sewall Street
Salem, MA 01970
978.744.0351



YMCA FINANCIAL ASSISTANCE APPLICATION

PERSONAL INFORMATION

Today's Date ____ / ____ / ____

Head of Household _____ Date of Birth ____ / ____ / ____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Occupation _____ Employment Length _____ Days/Hours Worked _____

Marital Status Single Married Divorced

Please list all people living in your household, whether related or not.

NAME	SCHOOL/EMPLOYER	DATE OF BIRTH

I am applying for financial assistance for:

- Membership *Child Care
 Program *Camp

*If applying for camp or child care, please complete the box to the right.

***Financial Assistance is valid from the date of approval and cannot be applied to previous registrations/enrollments.**

Do you currently receive Y Financial Assistance?

- Yes No

FINANCIAL INFORMATION

Please itemize your monthly, pre-tax income and selected expenses. **Income documentation is required for all adults living in household, regardless of whether they will be part of a membership. Failure to include documentation will slow the approval process.**

SOURCES OF REVENUE	MONTHLY INCOME	DOCUMENTS REQUIRED	MONTHLY EXPENSES
Gross wages, salary and tips	\$ _____	<input type="checkbox"/> Federal Income Tax form	Rent or Mortgage \$ _____
Unemployment compensation	\$ _____	<input type="checkbox"/> Pay stubs (most recent month's)	Utilities \$ _____
Social Security	\$ _____	<input type="checkbox"/> Unemployment award letter	Medical Expenses \$ _____
Child Support/Alimony	\$ _____	<input type="checkbox"/> Social Security award letter	Other \$ _____
AFDC/TANF	\$ _____	<input type="checkbox"/> Court award letter and/or D.O.R payment statement	Please Explain _____
Food Stamps	\$ _____	<input type="checkbox"/> AFDC/TANF award letter	_____
Fuel Assistance	\$ _____	<input type="checkbox"/> Food stamps award letter	_____
Retirement Income (Non Social Security)	\$ _____	<input type="checkbox"/> Fuel award letter	_____
Other Income (interest, dividends, etc.)	\$ _____	<input type="checkbox"/> Pensions/Annuities statements	_____
Total Monthly Income	\$ _____	<input type="checkbox"/> Statements from all other income	_____

CHILD CARE/ CAMP ADDENDUM

If applying for child care or camp financial assistance this box must be completed.

1. Is your child currently attending child care (YMCA or other) in a government assisted slot?

- Yes No

If yes, check one if applicable:

- Basic/Income eligible contracted slot
 Voucher
 Other _____

Where is he/she currently attending child care?

2. Are you currently on the state's waiting list to receive subsidized child care?

- Yes No

If no, to receive Y assistance you need to call Child Care Circuit at 978-921-1631 (Beverly, Cape Ann, Salem area) or 978-686-4288 (Haverhill, Ipswich area) to be placed on the Voucher waiting list.

3. How many weeks of camp are you looking for?

OFFICIAL USE ONLY:
 Scholarship award _____ % Expiration Date: ____ / ____ / ____

I attest that all of the information provided is true. SIGNATURE _____ DATE ____ / ____ / ____