

GREATER HOLYOKE YMCA
FINANCIAL/SCHOLARSHIP ASSISTANCE APPLICATION FOR MEMBERSHIP

*The Greater Holyoke YMCA will not deny participation in any of our activities because of an individual's lack of funds. While all participants are expected to pay their fair share, financial assistance is available at any time. The following application must be completed in its' entirety and the required documentation must be included; **incomplete applications will not be accepted.** Applications should be returned to Cheryl Labrie, Greater Holyoke YMCA, 171 Pine St., Holyoke, MA 01040. (Telephone: 413-534-5631)*

One month's proof of income must be included for all household members. Please attach all income from the past month (i.e. pay stubs, unemployment, welfare documentation, SSI, SSDI, child support, food stamps, foster care income, etc.) A copy of last year's tax return (1040) is also required.

CHECK IF: New Member ___ Renewal ___ Returning ___

What type of membership are you applying for?

Program ___ Youth (ages 8-13) ___ High School (ages 14-18) ___
Young Adult (ages 19-25) ___ Adult ___ Senior (age 65+) ___ Adult Couple ___
One Parent Family ___ Family ___

Name of Applicant: _____ Date of Birth: _____ Age: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____

Name of Spouse of Applicant (if applicable) _____

Date of Birth: _____ Age: _____

Place of Employment: _____

How many adults live in the applicants' home? _____ How many children? _____

(please complete back side also)

Names of all dependent children in the household (**copies of birth certificates are required**):

_____	Date of Birth: _____	Age: _____
_____	Date of Birth: _____	Age: _____
_____	Date of Birth: _____	Age: _____
_____	Date of Birth: _____	Age: _____
_____	Date of Birth: _____	Age: _____
_____	Date of Birth: _____	Age: _____

Please list source(s) of income for **all** household members and indicate if this amount is weekly, monthly, bi-weekly, etc. (**One month's proof of this income is required**). Please also attach tax return.

Source: Employment: \$ _____ per _____

Source: Employment: \$ _____ per _____

Source: Child Support: \$ _____ per _____

Source: Public/State Assistance: \$ _____ per _____

Source: Food Stamps: \$ _____ per _____

Source: SSI/SSDI: \$ _____ per _____

****REQUIRED**** Please complete the following (or attach separate letter). What benefits would you or your family derive from becoming a member of the Greater Holyoke YMCA? If this is a renewal, please indicate how the Holyoke YMCA has benefited you.

Are you willing to volunteer or share your story? YES / NO

I attest that the above information is correct.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date approved _____

Type of membership _____

Percentage paid by the YMCA _____

Percentage paid by the member _____