

YMCA SOUTHCOAST LOCATIONS

Dartmouth YMCA

Contact Person: Rochelle Whalen
276 Gulf Road
Dartmouth, MA 02748
508.993.3361

Fall River YMCA

Contact Person: Michelle Alves
199 North Main Street
Fall River, MA 02720
508.675.7841

Gleason Family YMCA

Contact Person: Kim Hall
33 Charge Pond Road
P.O. Box 466
Wareham, MA 02571
508.295.9622

Mattapoisett YMCA

Contact Person: Amy King
38 Reservation Road
P.O. Box 1067
Mattapoisett, MA 02739
508.758.4203

New Bedford YMCA

Contact Person: Robyn Shwedo
25 South Water Street,
New Bedford, MA 02740
508.997.0734

YMCA SOUTHCOAST
Association Office
18 South Water Street
New Bedford, MA 02740
www.ymcasouthcoast.org



Don't allow financial struggles to prevent you from joining YMCA Southcoast.

We welcome everyone's involvement by providing financial assistance through our Y CARES Program. It's an important part of our mission.

How do I apply?

It's easy as 1-2-3. Complete this application, with the necessary documentation and return it to your specific branch. All applications are kept strictly confidential.

How is the amount of financial assistance determined?

Your Y's Membership Director will review your financial information and, determine the amount of assistance that will be offered to you. You will then receive a letter regarding your assistance within one week of the Y receiving your application.

Where do the funds for financial assistance come from?

The Y's Annual Scholarship Fund and United Way have come together to contribute 100% of the funds for financial assistance.

MY Y IS EVERY Y IN NEW ENGLAND

**Our members have access to every
YMCA in New England
Some restrictions apply.**

See a full listing of Ys at
www.ymcasouthcoast.org



THE Y CARES FOR YOU



YMCA SOUTHCOAST
**FINANCIAL ASSISTANCE
PROGRAM**



YMCA Southcoast Financial Assistance Application

Please answer all questions.

If a question does not apply to your situation, please explain by using a blank sheet & attach to application.

To qualify for assistance, you should be prepared to furnish one or more of the following documents.

Without these documents your application cannot be processed.

If spouse is employed, documents for him or her are also required.

- 1. AFDC/TANF
- 2. Unemployment, food stamp
- 3. Four consecutive weeks pay stubs verifying current salary
- 4. Documentation of any other income; SSI, alimony, child support, disability, etc.
Include documentation for all individuals contributing to household income.
- 5. Please attach any other circumstances you feel would further qualify you for a YMCA scholarship.

Monthly Expense - Rent/Mortgage \$ _____ Utilities \$ _____

ASSISTANCE APPLIED FOR - Membership

- *Family Adult (age 30-64) **One Parent Family Senior Couple Senior Adult (age 65+)
- Youth/Teen (up to 19) Young Adult (age 20-29)

* Spouses & children 18 & under and any full-time student 22 & under living in the same household.
 ** One adult & children 18 & under and any full-time student 22 & under living in the same household.

Program Participation Please Specify _____

APPLICANT INFORMATION

Name _____ D.O.B. _____ Sex _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Marital Status: Single Married Divorced Widowed

Employed by _____

Employer's Phone _____

Are you currently enrolled in school? NO YES: Full time Part time
Do you receive financial aid? NO YES

Spouse Name _____ D.O.B. _____

Employed By _____

Employer's Phone _____

Number of Dependents _____

Child Support: Do you: Receive Pay **Other Income** _____

Alimony: Do you: Receive Pay _____

Do you receive any STATE or US GOVERNMENT aid? Yes No

Do you receive any FREE or ASSISTED school lunches? Yes No

Do you receive food stamps? Yes No

Do you receive medical aid? Yes No

DEPENDENTS

Name _____ School _____ D.O.B. _____ Sex _____

TOTAL GROSS INCOME FROM ALL SOURCES

1. Applicant \$ _____

2. Spouse \$ _____

3. Alimony/Child Support \$ _____

4. SSI \$ _____

5. Disability \$ _____

6. Food Stamps \$ _____

7. Other \$ _____

TOTAL 1-7 \$ _____

FOR OFFICE USE ONLY

MEMBERSHIP

Membership Type _____

Program _____

Date Received _____

Unit # _____

Membership Type _____

Amount Due _____

Length _____

Notified on _____

Exp. Date _____

% off on membership _____

Program _____

% off per program _____

Purchase by _____

I attest that all of the information provided in this application is true. Incomplete applications cannot be processed and will be returned to you. Please review this form to make sure it is complete before signing.

Signature _____ Date _____