

YMCA of Central Massachusetts

The “Y Access” Program

Financial Assistance

Financial Assistance Statement

It is our position at the YMCA of Greater Worcester that all of our membership, childcare, and program services will always be accessible to any person regardless of age, income, race, or religion. In those cases where the cost of our membership or programming is out of reach of an individual or family, we will offer financial assistance through our “Y Access” program.

The “Y Access” Sliding-Fee Scale

The amount of assistance that applicants qualify for is determined by a sliding-fee. We will periodically review this scale so that we are able to provide the most assistance to individuals and families in need. The amount of assistance provided is set both by need and the resources of the YMCA of Greater Worcester.

Financial Assistance Policy

The YMCA of Greater Worcester provides financial assistance to qualified applicants based on the following criteria:

1. That applicants qualify for assistance based on income and family size.
2. That assistance not exceed fifty percent (50%) of the total cost of membership or program being considered.
3. That applicants reapply for assistance on an annual basis.
4. That the amount of assistance offered will not exceed the resources of the YMCA of Greater Worcester.

Application Process

Applicants MUST:

1. Fill out the attached financial assistance application completely.
2. Attach written documentation of all income sources, including a month’s worth of pay stubs showing year-to-date pay and/or any public assistance statements.
3. Attach a copy of your most recent tax return (IRS form 1040).
4. Turn all documents in to the branch that you are requesting assistance from, for review. You will be notified by mail when your request is processed.

YMCA of Greater Worcester
"Y Access" Application

Branch (please circle one): Boroughs Central Greendale

Name of Applicant _____ DOB _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Employer _____ Occupation _____

Family Size: # of adults (including applicant) _____ # of children _____

List family members in Household to be included on membership:

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Type of Membership or Program for which you are applying (please circle one):

Adult Family Senior Program Camp Child Care

Are you currently a YMCA Member? _____ Where? _____

Have you previously received financial assistance from the YMCA? _____

If yes, when? _____ where? _____

Please outline any additional reasons that are relevant to your application for assistance:

Total Family Gross Income for last year _____

I hereby certify that the information supplied on this application is true, accurate and complete to the best of my knowledge and that there is no misrepresentation by omission. I agree to notify the YMCA, in writing, of any change in information supplied herein that might affect my eligibility for financial assistance. I further understand that this application does not constitute acceptance by the YMCA and that I will be notified as to whether my application for assistance has been approved.

Date _____ Signature of Applicant _____

For Office Use Only

Total Cost _____ Amt. of Assistance _____ Amt. to be Paid _____

Date: _____ YMCA Staff: _____