



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

WELCOME TO ALL!

YMCA of Pawtucket Financial Assistance Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living, and fostering a sense of social responsibility, YMCA of Pawtucket ensures that every individual has access to the essentials needed to learn, grow, and thrive.

EVERYONE IS WELCOME

The Y welcomes all who wish to participate and believes that no one should be denied access to the Y on their ability to pay full price. Through our Financial Assistance Program, YMCA of Pawtucket provides assistance to youth, adults, and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the branch in a fair and consistent manner. Every Y member and participant receives the same benefits, regardless of whether or not they receive financial assistance. You can feel confident knowing that you are part of an organization that cares greatly for the well-being of people, and is committed to youth development, healthy living, and social responsibility.



Financial assistance reduces fees; it does not eliminate them.

All financial assistance will be granted for specified time periods and may be extended depending on circumstances.

Be sure to consider joining as a Y member with our new Membership For All sliding fee scale to receive even more benefits and scholarships.

You will be contacted annually and may be requested to provide documentation for continuation of benefits.

Please contact your local Y branch with any questions.

MacColl YMCA
32 Breakneck Hill Rd.
Lincoln, RI 02865
401.725.0773

Pawtucket Family YMCA
20 Summer Street
Pawtucket, RI 02860
401.727.7900

Heritage Park YMCA
333 Roosevelt Avenue
Pawtucket, RI 02860
401.727.7050

Woonsocket YMCA
18 Federal Street
Woonsocket, RI 02895
401.769.0791

Westwood YMCA
2093 Harkney Hill Rd.
Coventry, RI 02816
401.397.7779

YMCA of Pawtucket Financial Assistance Application

APPLICANT INFORMATION

Name _____ DOB _____

Mailing Address _____

City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Email _____

If applicant is under 18, Parent or legal guardian's name:

Marital Status:

Single Married Divorced Widowed

ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance.

_____ DOB _____
Parent/Guardian/Adult

_____ DOB _____
Parent/Guardian/Adult

_____ DOB _____
Child

_____ DOB _____
Child

_____ DOB _____
Child

_____ DOB _____
Child

_____ DOB _____
Other Dependent

_____ DOB _____
Other Dependent

I AM APPLYING FOR

Check category for which you're applying

CAMP

CHILDCARE

PROGRAM(S) list here

TO QUALIFY FOR ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS

I FILED FEDERAL TAXES FOR LAST YEAR

• OR •

MY/OUR HOUSEHOLD INCOME

1040 Federal Tax Form(s) for all incomes in household

I am an individual filing jointly. I am providing ONE 1040 form.

We filed more than ONE tax form in our household. We are providing _____ 1040 forms.

\$ _____
Total Annual Household Income

Documents showing the most recent 30 days of income; including pay stubs or documentation of government assistance, food stamps, disability letter and/or child support.

\$ _____ **X 12** = _____
30 days income months

\$ _____
Total Annual Household Income

Household income is reviewed on an annual basis.

FOR OFFICE USE ONLY

Date Received	
Received By	
Camp	
% Off Camp	
Length	
Amount Due/ Wk \$	
Childcare	
% Off Childcare	
Length	
Amount Due/ Wk \$	
Program	
% Off Program	
Session(s)	
Amount Due/Session \$	
Notified On	
Notified By	
Purchased By	

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that I or my children must cancel our participation or if my income status changes, I will contact the Y immediately so assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form

Date

TELL US MORE... Use this space to include any information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

I WANT/NEED YCARES FINANCIAL ASSISTANCE BECAUSE:

Attach all applicable financial documents and return to your Y branch Member Services Desk.