



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.

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 \_\_\_\_\_  
Child

\_\_\_\_\_ DOB \_\_\_\_\_  
Other Dependent

\_\_\_\_\_ DOB \_\_\_\_\_  
Other Dependent

**I AM APPLYING FOR**  
Check category for which you're applying

<input type="checkbox"/>	<b>MEMBERSHIP</b>
<input type="checkbox"/>	<b>CAMP</b>
<input type="checkbox"/>	<b>CHILDCARE</b>
<input type="checkbox"/>	<b>PROGRAM(S) list here</b>

**TO QUALIFY FOR ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS**

**I FILED FEDERAL TAXES FOR LAST YEAR** • **AND** • **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	
Membership	
% off Membership	
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	

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.**