



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BOOTHBAY REGION YMCA MEMBERSHIP AND PROGRAM FINANCIAL ASSISTANCE APPLICATION

The Boothbay Region YMCA is a not-for-profit organization committed to Youth Development, Healthy Living and Social Responsibility. It is our mission to provide services for any person or family who desires to participate in the YMCA, regardless of their ability to pay. Those not able to pay the full membership or program fee may be awarded assistance based on financial need. Within the limits of available funding, the YMCA does not refuse membership or program services to any person because of a proven inability to pay the cost of participation. The maximum amount of subsidy available will be based on a sliding fee scale according to an individual's income. In an effort to sponsor all individuals in need, it is necessary that everyone pays a portion of their fee, unless extreme circumstances exist where an exception may be made after careful review of the applicant.

To process your application, we require the following:

1. Completed financial assistance application, signed and dated
2. Your most current tax return with everyone requesting assistance listed

Household Information

Name: _____

Phone: _____ Birthday (mo/da/yr): ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Marital Status (circle one): Single Married Separated Divorced

Other Household Members (A household includes you, your spouse/partner, and all dependents you claim on your federal income tax return):

	Full Name	Date of Birth
1.		
2.		
3.		
4.		
5.		

Membership and Program Information

What type of Membership are you applying for (circle one):

Family Senior Couple Adult Senior (65+) Young Adult (18-25) Youth

Do you need Program assistance? (circle one): Yes / No If Yes, which Programs?

Program Name: _____ Session: _____ Time: _____

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Employment Information

Are you currently employed (circle one): Yes / No

If Yes, please list your (and your spouse's) current employer:

Employer: _____

Spouse/Partner's Employer: _____

Financial Information

What is your current Monthly Household income? \$ _____

Do you share expenses with anyone other than those listed on the previous page? (circle one): Yes / No If Yes, who?: _____

Do you receive any assistance from state or federal programs? (circle one): Yes / No

Do you receive any income from any of the following sources? If so, how much each month?

ADFC/TANF: \$ _____ Child Support: \$ _____

Food Stamps: \$ _____ Housing Assistance: \$ _____

Maine Care: \$ _____ SSI/Social Security/Disability: \$ _____

Unemployment Benefits: \$ _____ Other: \$ _____

Additional Information

Based on all of the factors above, how much are you able to pay each month for your membership? \$ _____

Please describe the reason why you are applying for the Y's Financial Assistance program:

Applications will be processed only after all information is submitted and applications are filled out completely.

Please allow up to two weeks from the date received for this application to be processed.

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA with in 30 days. If I submit false or inaccurate information, or fail to notify the YMCA with in 30 days, I may be terminated from the sponsorship.

Signature: _____ Date: _____

For Office Use Only:

Date received: _____ By: _____ Approved: Yes / No