



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ENGLISH

EVERYONE IS WELCOME

Y CARES FINANCIAL ASSISTANCE APPLICATION YMCA OF GREATER NASHUA



ABOUT Y CARES

Y Cares Financial Assistance is core to our mission at the Y, ensuring access for ALL. Y Cares provides scholarships to local children, families and individuals so they can experience Y programs and services such as membership, camp, child care and a variety of programs – regardless of ability to pay. Over the past three years, the Y has provided more than \$2 million dollars in financial assistance to more than 10,000 local children, adults and families. Everyone is welcome; our goal is to not turn anyone away due to inability to pay.

WHAT TO EXPECT

Y Cares is a confidential application process, reviewed by a Y Cares Coordinator. Financial assistance is awarded based on a sliding scale factoring household size and annual income. Y Cares membership is awarded in 6 month increments for membership and programs, and in 12 month increments for childcare and before/afterschool care. If your financial circumstances change during your membership period, please contact us so we can provide additional support. Please note that household size and annual income should include the entire household, not just the family members who are interested in membership.

APPLICATION PROCESS

1. **Complete** the Y Cares application on the next page.
2. Provide the **supporting documents** outlined on the application. We can make copies for you. We require information for the *entire* household, regardless of interest in membership or programs. If you have additional financial circumstances that should be considered, please attach to your application.
3. Get started! You will leave with a membership pass so you can **get started at the Y today**.
4. You'll receive an award letter, outlining the financial assistance you have qualified for with instructions to **activate** your membership. **To receive financial assistance for childcare, camp or programs you must maintain an active membership.**

Y Cares Coordinator Megan Liu | 603.882.2011 | mliu@nmymca.org



1 APPLICANT INFORMATION

For memberships for children under 18 years of age, parent/guardian should be listed as applicant

NEW APPLICANT RENEWING APPLICANT

Adult #1 _____

DOB _____

Email _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____

2 HOUSEHOLD INFORMATION

List ALL family members in the household. Circle Adult or Child. Indicate who should be included with membership by checking the box.

 Adult/Child #2 DOB

 Adult/Child #3 DOB

 Adult/Child #4 DOB

 Adult/Child #5 DOB

 Adult/Child #6 DOB

 Adult/Child #7 DOB

 Adult/Child #8 DOB

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional household income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that subsidy assistance is based on need. In that event that I or my children must cancel our participation, I will contact the YMCA 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.

APPLICANT SIGNATURE

DATE

3 SELECT HOUSEHOLD MEMBERSHIP YOU ARE APPLYING FOR

- YOUTH (ages 6-12)
- TEEN (ages 13-17)
- YOUNG ADULT (ages 18-29)
- ONE ADULT
- ONE ADULT + KIDS
- TWO ADULTS
- TWO ADULTS + KIDS
- HOUSEHOLD (UP TO 4 ADULTS + KIDS)
- SENIOR (65+)
- TWO SENIORS (BOTH 65+)

4 CHILDCARE/CAMP APPLICANTS

Membership is required for childcare/camp options

- SCHOOLS IN/OUT
- MERRIMACK EARLY EDUCATION CENTER
- CAMP
- OTHER CHILDCARE PROGRAM

5 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS:

I FILED FEDERAL TAXES FOR LAST YEAR

1040 Federal Tax Form(s) for ALL income in household

\$ _____

Total Annual Household Income

I DID NOT FILE FEDERAL TAXES LAST YEAR

Documents showing most recent 30 days of income including pay stubs or documentation of other income

\$ _____

Gross Monthly Income

AFTER BILLS AND NORMAL LIVING EXPENSES, WHAT IS YOUR REMAINING DISPOSABLE INCOME PER MONTH

\$ _____

IF THERE'S ANYTHING ELSE ABOUT YOUR FINANCIAL STORY THAT YOU WOULD LIKE US TO KNOW, PLEASE ATTACH TO THE APPLICATION

FOR STAFF USE

Date Application Received: _____ Staff Initials: _____

Date Reviewed: _____ Date Letter Mailed: _____

Approval %: Membership _____ Program _____