



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

Cambridge YMCA Membership Financial Assistance

Sliding Scale Fee:

The amount of assistance for which applicants may qualify is determined by a sliding-fee. We will periodically review this scale so that we will be able to provide the most assistance to members in need. The amount of available assistance provided will be determined by need and will not exceed the available resources of the Cambridge YMCA.

Financial Assistance Policy:

The Cambridge YMCA provides financial assistance to qualified applicants based on the following criteria:

1. Applicants must be Cambridge residents and qualify for assistance based on household income and family size.
2. Assistance will not exceed 50% of the total cost of a basic Adult(30+) or Young Adult (under 30) monthly membership. All adult members of the household will require separate memberships.
3. Children under the age of 14 will not require purchase of the Child Add-On fee.

In order to be considered, Applicants must:

1. Fill out attached financial assistance application completely.
2. Attach a copy of most recent tax return (IRS form 1040)
3. If a tax return is unavailable, 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.
4. Attach any other documentation which may be pertinent.

Terms & conditions:

1. Incomplete applications will not be accepted.
2. Applications must be submitted by the 21st of the month in order to be considered for awards beginning the following month. Applications will be reviewed the last week of the month and applicants will be notified by the 28th.
3. Assistance awards will be valid for one calendar year from the date of issue, not from the start date of membership. Under no circumstances will extensions be granted to the end date. Applicants must reapply on an annual basis.
4. Assistance is valid towards basic monthly membership only. Add-ons, including lockers, classes, towels, children over 14, personal training sessions, swim lessons, child care, or merchandise are not eligible for this award.
5. Memberships which are terminated for any reason (including member's choice, misconduct, lack of payment, etc.) will result in the termination of the assistance award. All awards will be considered void and members will need to reapply for assistance consideration.



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

**Cambridge YMCA
Membership Financial Assistance
APPLICATION**

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ email: _____

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

List other household members to be included on membership:

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Are you currently a Y member? _____ Where (location)? _____

Have you previously received Financial Assistance from the YMCA? _____

If yes, when?: _____ Where (location)? _____

Occupation: _____ Total Family income for last year: _____

I hereby certify that the information 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 Cambridge 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 Cambridge YMCA and that I will be notified as to whether my application for assistance has been approved.

Date: _____ Signature of Applicant: _____