

**Pittsfield Family YMCA**  
**Application for Financial Assistance**

Please fill out the following information and attach the necessary documents (photocopies only) and return to the President of the Pittsfield Family YMCA, 292 North Street, Pittsfield, MA 01201. Please print all information.

Date of Application: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
City: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

Dependent children living in household:

	Name	Age	D.O.B.
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		

Are you a single-parent household?       Yes       No

Application of financial assistance is for:

Membership                       Child Care\*  
 Program                               Other

\*If this application is for child care, you must have been denied entitlement benefits from the Department of Human Services. Please attach your denial letter with this application.

Have you ever applied for scholarship assistance before at the YMCA?     Yes     No

If Yes, which YMCA and what for? \_\_\_\_\_

What volunteer service did you provide? \_\_\_\_\_

How many volunteer hours did you provide? \_\_\_\_\_

What benefits do you see in having this scholarship to join the YMCA? \_\_\_\_\_

Why are you applying for scholarship assistance? \_\_\_\_\_

What volunteer service can you provide to the YMCA? \_\_\_\_\_

Please itemize your monthly income:

Wages, salaries, tips	\$ _____	Food Stamps \$ _____
Unemployment compensation	\$ _____	401K/Retirement plans \$ _____
Social Security compensation	\$ _____	Alimony \$ _____
Child Support	\$ _____	Other \$ _____
Aid to dependent children	\$ _____	
<b>Total Monthly Income</b>	<b>\$ _____</b>	

You must attach last year's Internal Revenue Service Tax Statement and/or your SSI allocation statement to verify your annual earnings or provide other written proof of your current income.

Please allow up to two weeks before this application can be processed and approved (or denied) by the YMCA. You will be contacted by phone or mail as to the status of this application. If you have any questions, please feel free to contact the President at 499-7650. Thank you.

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**For Office Use Only**

Application Reviewed on \_\_\_\_\_

\_\_\_ Denied – Reason \_\_\_\_\_ Notified: \_\_\_\_\_

\_\_\_ Approved: Amount: \$ \_\_\_\_\_ Notified: \_\_\_\_\_

Type of Membership: \_\_\_\_\_

Regular Fee: \$ \_\_\_\_\_ Amount of Payment: \$ \_\_\_\_\_

Effective from (date): \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Date