



YMCA of Greater Boston "ACCESS" Scholarship Application

Name: _____ Membership Number: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 SS# _____ Date of Birth _____ E-mail _____
 Phone: day: _____ Evening: _____ Cell Phone: _____
 Your Employer's Name & Address: _____

Financial assistance requested for: _____ Membership _____ Program _____ Child Care _____ Camp _____ Other _____

Do you have a disability? _____ Yes _____ No Nature of Disability (optional) _____

Spouse's Name: _____ Date of Birth _____
 Spouse's Employer's Name & Address: _____

Your Gross Salary \$ _____ Spouses' Gross Salary \$ _____ Child Support \$ _____
 Other Income (source & amount) _____
 Housing: _____ Own _____ Rent Monthly Mortgage/Rent \$ _____
 Do you receive a housing subsidy? _____ Yes _____ No Amount per month \$ _____

Number of Family Members: _____
 1. _____ Date of Birth ____/____/____ 4. _____ Date of Birth ____/____/____
 2. _____ Date of Birth ____/____/____ 5. _____ Date of Birth ____/____/____
 3. _____ Date of Birth ____/____/____ 6. _____ Date of Birth ____/____/____

Yes, I am willing to share my story with the Y to help support the Annual Reach Out campaign.

List any special circumstances highlighting your reason for need: _____

To qualify for "ACCESS" you must submit the following documents:

1. Household income from your last years tax return
2. Three current check stubs or other proof of your current combined total salaries, proof of family size
3. Proof of other income i.e. social security benefits, etc.

The information listed on this form is correct to the best of my knowledge. I understand that the scholarship granted to me by the YMCA of Greater Boston must be re-applied for 12 months from the date of this application. **I understand it is my responsibility to reapply and that the YMCA does not send scholarship expiration notices. If I do not re-apply for financial assistance my fees will be charged at the full-published rate.**

Applicant Signature: _____ Date: _____

----- For Office Use Only -----			
Membership/Program: Subsidy _____ % AS400 Code _____ Begin Date _____ Review Date _____	Child Care/Camp Subsidy _____ % AS400 Code _____ Begin Date _____ Review Date _____		
_____ Called/mailed/e-mailed confirmation _____ entered in AS400			
Approved By: _____		Date: _____	