BERKSHIRE FAMILY YMCA | JOHN F. ROGERS MEMORIAL SCHOLARSHIP
FINANCIAL ASSISTANCE APPLICATION

Financial assistance provides 25%–50% off eligible YMCA fees through two qualification options. Scholarships require annual renewal, eligibility verification, and an authorized payment method on file for scheduled or automatic payments. All outstanding YMCA balances must be resolved before approval.

APPLICATION INFORMATION

☐ New Application ☐ Annual Renewal | Applying for: ☐ Membership ☐ Programs ☐ Supervised Visits ☐ Child Care ☐ School-Age Care ☐ Camp

HOUSEHOLD INFORMATION

ADDRESS:_____

_____

CITY/ST/ZIP _____

HOUSEHOLD SIZE (Include the number of individuals in the appropriate age category that reside at the household address provided.)

Age 20 & Older: _____ Age 19 & Under: _____

HOUSEHOLD MEMBERS (All information is required)

PRIMARY APPLICANT/MAIN CONTACT FOR THE HOUSEHOLD

First Name: _____ Last Name: _____ Age: _____ Date of Birth: __/___/__

Phone: _____ Email: _____

Emergency Contact First & Last Name _____ Phone: _____

Additional Household Members (All information is required)

2) First Name: _____ Last Name: _____ Age: _____ Date of Birth: __/___/__

   Phone: _____ Email: _____

   ☐ Membership applicants only - Include as an active member on membership account

3) First Name: _____ Last Name: _____ Age: _____ Date of Birth: __/___/__

   Phone: _____ Email: _____

   ☐ Membership applicants only - Include as an active member on membership account

4) First Name: _____ Last Name: _____ Age: _____ Date of Birth: __/___/__

   Phone: _____ Email: _____

   ☐ Membership applicants only - Include as an active member on membership account

5) First Name: _____ Last Name: _____ Age: _____ Date of Birth: __/___/__

   Phone: _____ Email: _____

   ☐ Membership applicants only - Include as an active member on membership account

6) First Name: _____ Last Name: _____ Age: _____ Date of Birth: __/___/__

   Phone: _____ Email: _____

   ☐ Membership applicants only - Include as an active member on on membership account

7) First Name: _____ Last Name: _____ Age: _____ Date of Birth: __/___/__

   Phone: _____ Email: _____

   ☐ Membership applicants only - Include as an active member on membership account

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HOW FINANCIAL ASSISTANCE IS DETERMINED

There are two ways to qualify: a preapproved 50% scholarship pathway or standard household income review. For standard income review, YMCA staff will calculate qualifying household income from the documentation you provide and use the current **Income Qualification Table by Household Size** at bfymca.org/financial-assistance to determine a scholarship of 25%-50% off eligible fees.

PREAPPROVED 50% SCHOLARSHIP

- ☐ Child Care, School-Age, or Camp Voucher - I qualify for a Child Care, School-Age, or Camp voucher.
- ☐ Qualifying Health Care or Food Assistance Program - I currently qualify for an approved state or federal income-based health care or food assistance program. I will submit current proof of eligibility or enrollment. An approved state or federal income-based health care or food assistance program. I will submit current proof of eligibility or enrollment. Qualifying programs in Massachusetts include MassHealth income-based coverage, SNAP, WIC, and approved income-based Health Safety Net eligibility (Children's Medical Security Plan (CMSP) is NOT a qualifying program). Acceptable documentation includes an official approval letter, eligibility determination, benefit verification letter, or electronic confirmation of active enrollment.

If you qualify through either preapproved pathway above, you do not need to submit the standard household income documentation below. See bfymca.org/financial-assistance for the current list of qualifying health care and food assistance programs and acceptable proof.

HOUSEHOLD INCOME TO CONSIDER - INDIVIDUALS AGE 20+

For standard household income review, consider all applicable sources of income or financial support received by household members age 20+. You do not need to calculate or report your household income on this application. **REQUIRED DOCUMENTATION - EACH INDIVIDUAL AGE 20+**

Required only for standard household income review. Photocopies only. All prior YMCA balances must be resolved before financial assistance can be approved.

Wages, salaries and tips

- If employed: pay stubs from the most recent month OR an employer letter verifying employment and annual salary must be provided.
- Most recent federal tax return (Form 1040, pages 1 & 2) OR IRS Verification of Non-Filing if no return was filed. SSI recipients do not need IRS non-filing verification.

Unemployment compensation

- If unemployed or receiving Social Security: applicable unemployment, SSI/Social Security documentation must be provided.
- SSI, SSDI and/or Social Security
- Most recent documentation must be provided.

For income categories below, please provide current documentation or your most recent federal tax return.

- Child support and/or alimony
- Pension or retirement income
- 401(k), 403(b) or investment income
- If applicable: layoff notice, case manager/transitional housing documentation, or other documentation supporting a change in financial circumstances.
- Other income or financial support

Privacy: Remove Social Security numbers, tax ID numbers, bank account numbers, and credit/debit card numbers from submitted documents.

YMCA staff will calculate qualifying household income using the documentation provided and determine eligibility using the current Income Qualification Table by Household Size.