

Everyone belongs at the YMCA!



The Greater Burlington YMCA is committed to the values of caring, respect, responsibility, and honesty. It is our mission to build a strong community by involving youth, adults, and families in programs and activities which develop spirit, mind, and body.

How do I apply?

Return the application to the Greater Burlington YMCA, Financial Assistance Program, 266 College St., Burlington, VT 05401



How is financial assistance determined?

Your confidential information will be reviewed by the departmental head of the YMCA program you are applying for. Once we receive your application, a written notice will be sent to you within 30 days.



Greater Burlington YMCA

The Greater Burlington YMCA provides a wide range of services to approximately 20,000 children, teens, adults and families throughout northern Vermont.

It is our goal that the YMCA experience is available to everyone. We strive to ensure that access to our programs is available for all regardless of ability to pay.

If you have questions regarding this application, please call the YMCA at 802-862-9622.



Greater Burlington YMCA Mission

To build a strong community by involving youth, adults and families in programs and activities that develop spirit, mind and body.

www.gbymca.org

Greater Burlington YMCA PROGRAMS FOR ALL

Financial Assistance Program

Come join the fun!



*Subject to availability.



Greater Burlington YMCA
266 College St. Burlington VT 05401
802-862-9622 www.gbymca.org

Greater Burlington YMCA Financial Assistance Application

Personal Information _____

Please be sure you have answered all questions, and required documentation is attached. Thank you.

Name of Person Applying for Assistance: _____ Applying for: Self Children/Family Other

How many adults in household?: _____ How many children under age 18?: _____

Address _____ City _____ State _____ Zip _____

Day Phone (_____) - _____ - _____ Evening Phone (_____) - _____ - _____ E-mail _____

Employer _____

If not self, please list for whom Financial Assistance is requested for:

First Name	Last Name	School/Employer	Date of Birth

I am applying for assistance for:

Membership (please select)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> 2-Adult family with children* | <input type="checkbox"/> Youth (up to 12 yrs) | <input type="checkbox"/> Camp Abnaki | <input type="checkbox"/> Pre-school/childcare: site _____ |
| <input type="checkbox"/> 2-Adult family | <input type="checkbox"/> Teen (13-19) | <input type="checkbox"/> Camp Greylock | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> 1-Adult family with children | <input type="checkbox"/> Young Adult (20-24) | <input type="checkbox"/> Y's Guys: site _____ | <input type="checkbox"/> Infant/Toddler |
| <input type="checkbox"/> 1-Adult | <input type="checkbox"/> Adult (25-64) | <input type="checkbox"/> Live Y'ers: site _____ | |
| <input type="checkbox"/> Older Adult (age 65 and older) | | <input type="checkbox"/> Sport, Fitness, Aquatics: Session: _____ class _____ | |

*A family is defined as 2 married adults or 2 adults formed as a civil union living in the same household with their dependents.

Fee _____ Amount you can pay _____



Financial Information _____

To determine your eligibility for financial assistance and the amount the YMCA will subsidize, please complete the following and include copies of the documents listed in the box below. **Prior to seeking child care tuition assistance, you must apply for state subsidy. Please confirm status of DCF application.**

Waiting to hear Verification enclosed

Household Income Information

Total Monthly wages of Applicant	\$ _____
Spouse/Partner	\$ _____
DCF Childcare Subsidy	\$ _____
Child Support	\$ _____
State or Federal Income	\$ _____
Other Income/Source	\$ _____
TOTAL:	\$ _____

For more information about State of Vermont childcare (DCF) subsidy, dial 2-1-1.

Please provide any additional information which may be helpful. _____

I attest the information provided is true and accurate.

Signature _____ Date _____

Print Name _____

Required Documentation:

- Copy of 1040 Federal Tax Return
- Copy of two most recent pay stubs and/or verification of state or federal assistance received (SSI, SRS, ANFC, General Assistance, Food Stamps).
- If applying for fee assistance for a child, include copy of your application for the childcare or camping program.