

**NORTHFIELD AREA FAMILY YMCA  
519 DIVISION STREET  
NORTHFIELD, MN 55057  
(507) 645-0088  
WWW.NORTHFIELDYMCA.ORG**

**Application for Financial Support**

Welcome to the Northfield Area Family YMCA! Through the generosity of our donors, the YMCA is pleased to provide financial aid for families and individuals in need of financial support. **We don't turn anyone away due to an inability to pay.** If you are interested in YMCA membership, programs or services and need financial support in some way, please complete this form and return it to the YMCA (email or leave in an envelope addressed to Craig Swenson).

All applications are kept in strict confidence. No one is aware of any financial scholarships except the YMCA Executive Director and the Office Manager and Lead Wellness Center Staff.

<b>Name:</b> _____	<b>Date:</b> _____
<b>Address:</b> _____	
<b>City, State, Zip:</b> _____	
<b>Phone:</b> _____	
<b>Spouse or Partner Name:</b> _____	
<b>Dependent Name:</b> _____	<b>Birthdate:</b> _____
<b>Dependent Name:</b> _____	<b>Birthdate:</b> _____
<b>Dependent Name:</b> _____	<b>Birthdate:</b> _____
<b>Dependent Name:</b> _____	<b>Birthdate:</b> _____
<b>Dependent Name:</b> _____	<b>Birthdate:</b> _____
<b>Dependent Name:</b> _____	<b>Birthdate:</b> _____
<b>Annual Household Gross Income:</b> _____	
	<b>Year:</b> _____
<b>Income Verified By:</b> _____	<b>Federal Tax Return State Tax Return Copies of last two pay stubs</b>
<b>(Circle One)</b>	<b>(Copies are required per IRS requirements for the YMCA)</b>

**Please use the space below to explain the family situation or any extenuating circumstances**

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**YMCA Use Only**

Interview Conducted?     Income Verified?

Plan: \_\_\_\_\_

Fee Reduction at \_\_\_\_\_%

Applied to:     Membership Only     Programs Only     Membership AND Programs

Expiration Date: \_\_\_\_\_ Notes: \_\_\_\_\_

YMCA Executive Director: \_\_\_\_\_