

**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 Virginia Kaczmarek or Lyn Salaba).

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

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

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

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: _____