



## **Financial Scholarship Application**

Welcome to the Northfield Area Family YMCA! Our mission is to build strong kids, strong families and a strong community. We are a trusted partner and collaborator with many local organizations. We provide programs and services to enrich Northfield and surrounding communities to build a healthier, more active and engaged community. The Northfield Area Family YMCA will operate by the values it hopes to cultivate in the communities it serves: Caring, Honesty, Respect and Responsibility. These values will direct the governance of the organization, the creation and operation of its programs, and the conduct of its leaders, staff, volunteers, members and guests.

Through the generosity of our donors, the Y is pleased to provide Financial Scholarships for families and individuals. If you are interested in becoming a member of the YMCA, or would like to participate in a Program, and need financial assistance, please complete this Financial Scholarship application and return it to the Member Services desk at the YMCA, or email completed application to [suzanne@northfieldymca.org](mailto:suzanne@northfieldymca.org).

### **Application Procedure:**

Fill out the back side of this form, sign and attach Proof of Income.

Proof of Income is required for all adults (18+) listed on the Financial Scholarship application.

1. Last year's tax return, or last 2 pay stubs from your current employer
2. If you are unemployed you may include: SSI award letter, disability income, government assistance, child support, or retirement income
3. A referral letter from an organization that has knowledge of applicant's financial status, household size, and situation, or from a Health Care Provider, is acceptable if no other proof of income

Return completed application to the Member Services desk at the YMCA, or email to [suzanne@northfieldymca.org](mailto:suzanne@northfieldymca.org)

Once your application is submitted, it will take 10 to 14 business days to process. Applications must be complete before they can be processed.

Your Award Letter will be sent to you via email, unless you request that it be mailed.

### **FREQUENTLY ASKED QUESTIONS**

#### **How is the financial assistance amount determined?**

Financial assistance is based on annual gross income, family size and personal circumstances when you apply. Gross annual income includes wages/salary for all individuals contributing to the household income, as well as unemployment, child support, parental support, disability income, SSI, government assistance and retirement income.

#### **What is the duration of assistance and how do I renew?**

Awards vary depending on income proof provided. You will need to reapply for continued assistance by completing this application again. There is no limit to the number of times you receive a scholarship. If you do not submit the appropriate paperwork for renewal your membership will expire.

**REQUIRED INFORMATION:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Household Information (additional family members to be added to scholarship, must reside in your home)

Name: First, MI, Last	Gender	DOB	Relationship	Email Address

Please use the space below to explain your financial situation and extenuating circumstances (You may add additional pages if needed):

---



---



---



---



---

I Understand that my membership will auto-renew each month unless I complete the cancellation form in advance.

**Northfield Area Family YMCA Waiver:**

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access. My signature indicates my understanding that the Northfield Area Family YMCA assumes no responsibility for injuries or illnesses sustained as a result of any physical condition or resulting from participation in any YMCA program or activity. I expressly acknowledge on behalf of my minor children and family members and heirs that I assume the risk for any and all injuries and illnesses that may result in participation in these activities. I hereby release and discharge the YMCA, its officers, directors, employees and volunteers from any and all claims for accidents, injuries, death, loss or damage which I or my family may suffer as a result of participating in these activities. I also hereby release all photographs of me and my family members taken by the YMCA for promotional purposes, including the YMCA's website and printed materials.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<u>For YMCA Office Use Only</u>	
Annual Household Gross Income: _____	Income Verified: _____
Scholarship Plan: _____	Expiration Date: _____
MS Approval Signature: _____	Date: _____
Director Approval Signature: _____	Date: _____