



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 or Camp, 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.

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, government assistance, Social Security and other retirement income.

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

Awards are valid for 1 year from approval. You will need to reapply for continued assistance by completing this application again. There is no limit to the number of times you can receive a scholarship. If you do not submit the appropriate paperwork for renewal prior to the expiration date, you will be charged the full monthly dues following the scholarship expiration. If you wish to hold, change, or terminate your membership, please complete the form found on our website: www.northfieldymca.org/programs/membership/changeholdcancel-membership or stop by the Member Services desk.

APPLICATION PROCEDURE

Fill out this form, sign and attach Proof of Income. Proof of Income is required for all adults (18+) listed on the Financial Scholarship application.

Please include your most recent tax returns.

If you do not have your tax returns, answer the following questions for all adults listed on the application.

Are you employed? Yes or No

Do you receive Social Security? Yes or No

Do you receive SSI/SSDI? Yes or No

Do you receive child support? Yes or No

Do you receive government assistance? Yes or No

Do you receive county medical assistance? Yes or No

Provide documentation for any question you answered Yes to for all adults listed on the application.

A referral letter from an organization that has knowledge of applicant's financial status, household size, and current situation can be submitted in lieu of above documentation.

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: _____

For YMCA Office Use Only

Annual Household Gross Income: _____	Income Verified: _____
Scholarship Plan: _____	Expiration Date: _____
Received By: _____	Date: _____
Approval Signature: _____	Date: _____
2 nd Approval Signature: _____	Date: _____
Award Letter Sent: _____	Date: _____