

Northfield Area Family YMCA  
1501 Honeylocust Drive  
Northfield, MN 55057  
(507) 645-0088  
[WWW.NORTHFIELDYMCA.ORG](http://WWW.NORTHFIELDYMCA.ORG)



### **Scholarship Application Form**

Welcome to the Northfield Area Family YMCA! Through the generosity of our donors, the Y is pleased to provide Scholarships for families and individuals. If you are interested in becoming a part of the YMCA and are in need of any type of financial support, please complete this Scholarship packet and return it to the Member Services desk at the YMCA.

- **Please note:** There are many Scholarship Packets turned in every week. **Once your application is complete and submitted, it will take 10 to 14 business days to process.**
- Your Award Letter will be sent to you **via Email**, unless you request that it be mailed.

#### **For what type of financial scholarship/scholarships are you applying?**

\_\_\_\_\_ Family Membership    \_\_\_\_\_ Adult Membership  
\_\_\_\_\_ Youth Membership    \_\_\_\_\_ Programs/Camp    \_\_\_\_\_ Family Plus Membership

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **M/F:** \_\_\_\_\_

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

**Email Address (Required):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

#### **Additional Family Members to be added to scholarship (MUST RESIDE IN YOUR HOME)**

- **Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **M/F:** \_\_\_\_\_
- **Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **M/F:** \_\_\_\_\_
- **Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **M/F:** \_\_\_\_\_
- **Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **M/F:** \_\_\_\_\_
- **Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **M/F:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **For YMCA Office Use Only**

Annual Household Gross Income: \_\_\_\_\_ Income Verified: \_\_\_\_\_

Scholarship Plan: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Y Staff Making Determination: \_\_\_\_\_ Date: \_\_\_\_\_

Member Services Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

# BECOME A MEMBER; JOIN TODAY!



## OUR MISSION:

The Northfield Area Family YMCA builds strong kids, strong families, and a strong community. We will work as a trusted partner and collaborator with the many other organizations in our community that provide programs and services to enrich Northfield, building a healthier, more active and more 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 and volunteers.

## MEMBERSHIP REGISTRATION FORM

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender OM OF

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: home (\_\_\_\_) \_\_\_\_\_ cell/other (\_\_\_\_) \_\_\_\_\_ Email (required) \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Household Information: Family Membership can include up to 2 adults (3 adults for FamilyPlus Membership) & all children under age 18 living in the same household (see website for exceptions)

name: first, MI, last (if different than above)	gender	birthdate(mm/dd/yy)	relationship	email address
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## PAYMENT INFORMATION

Your membership will auto-renew each month unless you notify us in advance to cancel.

Please provide bank OR credit card information for monthly withdrawl

Bank Name \_\_\_\_\_ Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Credit Card Number \_\_\_\_\_ CC Exp Date \_\_\_\_/\_\_\_\_ Cardholder Signature \_\_\_\_\_

Monthly Payment Date O1st O15th of the month

## MEMBERSHIP FEES

Joiner's Fee (due upon joining or rejoining for all membership types).....\$ 25 total

Youth Membership.....\$28.50/month X \_\_\_\_\_ youth memberships = \$ \_\_\_\_\_ total

Adult Membership.....\$48/month = \$ \_\_\_\_\_ total

Family Membership (up to 2 adult members, see website for exceptions).....\$76/month = \$ \_\_\_\_\_ total

FamilyPlus Membership (up to 3 adult members living in same household).....\$96/month = \$ \_\_\_\_\_ total

### Optional Extras:

Shower Towel Service Fee (optional).....\$5/month = \$ \_\_\_\_\_ total

Small Locker Fee (optional) .....\$10/month per locker X \_\_\_\_\_ lockers = \$ \_\_\_\_\_ total

Large Locker Fee (optional) .....\$15/month per locker X \_\_\_\_\_ lockers = \$ \_\_\_\_\_ total

\*only certain lockers are available for rent; please ask for options **TOTAL DUE = \$ \_\_\_\_\_**

Thanks to the generosity of our community and donors, the YMCA will not turn away anyone from its membership or programs because of an inability to pay. Please let us know if we may assist you in this way.

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. PHOTO RELEASE: I hereby release all photos of me and my family members taken by the YMCA for promotional purposes, including the YMCA's website and printed materials. 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 an 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 from 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 understand that Silver and Fit memberships are exempt from Nationwide YMCA Membership.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## **Scholarship Packet Checklist: Is It Complete?**

Please initial each line to verify that this item is included in your scholarship packet.

**Note: We are unable to process incomplete packets.**

If you have questions, please contact:

- Rachel Vantries: (507) 645-0088 / [admin@northfieldymca.org](mailto:admin@northfieldymca.org)

### **Required for Every Packet**

- \_\_\_\_\_ **Scholarship Application Form**
  - Must be completely filled out for scholarship to be processed.
- \_\_\_\_\_ **Membership Registration Form**
  - **All** highlighted areas are filled in.
  - Form is **signed** and **dated** at the bottom.
- \_\_\_\_\_ **Proof of Income** for all Members listed on the Scholarship Application Form that are 18 and over.
  - Proof of Income includes the last 2 pay stubs from your current employer or a copy of your last year's tax returns.
  - If you are 18 and over and *unemployed* you may include: a Social Security Award Letter, proof of your last 2 months of County Assistance, or proof of your last 2 months of Unemployment Benefits.

### **Optional Items you may include with your Packet**

- \_\_\_\_\_ **Proof of School Enrollment**
  - Needed for everyone 18 and over listed on the Scholarship Application Form that is currently unemployed.
- \_\_\_\_\_ **Referral Letter**
  - In some instances you will be given a referral letter for a Northfield Area Family YMCA Scholarship from your Health Care Professional or from specific Community Resource Organizations. Your referral letter can be submitted in place of Proof of Income.
    - Please note: Including your Proof of Income in addition to the Referral Letter may help your Scholarship award increase to a greater amount.
    - Including your Proof of Income in addition to a Referral Letter is not required, but is advised.