Superior Douglas County Family YMCA
Application for Financial Assistance

The Superior YMCA is a non-profit organization offering opportunities for personal growth and service to others. Within our available resources, we strive to serve those who can benefit from YMCA memberships & programs. We are able to provide a limited number or scholarships from money raised by our Strong Kids campaign and with support from our local United Way. Assistance is granted on the basis of financial need. We use a sliding fee scale along with the information & documentation you provide. All information is kept confidential. Our ability to provide assistance is based on the funds we are able to raise each year. Assistance for membership is reviewed every 6 months and a new application must be filled out at that time.

One or more of the following documents must be attached to your application.

Please read the following carefully, applications without necessary documentation will be returned.

- Last years IRS tax statement, IRS form 1040 - 1040EZ or W2 for each wage earner in the household.
- **If you did not file taxes last year – You must provide one or more of the following:**
- SSI, SSA or VA award statement, **two consecutive pay stubs for each wage earner in the household, un-employment statement,** retirement, pension, **section 8, TANF, or student loan award letters, child support** or foster care subsidy letter.

APPLICANTS PERSONAL INFORMATION

Name_____ M[ ] F[ ] Date of birth_____

Address_____City/Zip_____

Phone Number_____ Email Address_____

TYPE OF MEMBERSHIP SCHOLARSHIP

____I **AM APPLYING FOR A MEMBERSHIP**:

_____ Young Adult Ages 18 – 23 (out of High School)

_____ Adult Ages 24-64 _____ Senior 65 or older

_____ Single Parent Family – One parent households with family members claimed on taxes

_____ Family – Family members in same household that are claimed on taxes

_____ Youth 0- 18 Still in High School - Name of youth _____

_____ **I AM APPLYING FOR A CLASS** *You may only be allowed one program scholarship per child per program session.

Name of Class Participant _____ Class _____

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Name of Class Participant _____ Class _____

LIST ALL HOUSEHOLD MEMBERS, INCLUDING APPLICANT IN HOUSEHOLD

FIRST/LAST NAME	RELATIONSHIP TO YOU	DATE OF BIRTH	SCHOOL OR EMPLOYER

FINANCIAL INFORMATION

***List all income and assistance for the ENTIRE household.**

Income Monthly	*Adult #1*	*Adult #2*	*Dependant #1*	*Dependant #2*
Wages	$	$	$	$
Unemployment	$	$	$	$
Social Security	$	$	$	$
Child Support	$	$	$	$
Other	$	$	$	$
Other	$	$	$	$

*I feel I can afford to pay _____ dollars per month towards my membership or class (must be filled in).

IF YOU LIST NO INCOME USE THE LINED SPACE BELOW TO LIST HOW YOUR DAILY LIVING EXPENSES ARE PAID FOR.

Please state your reasons for requesting financial assistance in the space provided. Be sure to explain all circumstances and expenses to substantiate your request. The more detailed information you furnish to explain your need, the sooner and better we can make an accurate determination of this request.

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NOTE: You will receive a letter within two weeks of your application notifying you whether or not you have been approved for assistance. If your application is incomplete your application will be returned to you through mail for completion.

I agree that the above financial information is true and complete to the best of my knowledge and I agree to provide additional documentation if required.

Applicants Signature _____ Date _____

What prompted you to visit the YMCA?

- o Referral from a friend
- o Referral from social worker or doctor
- o Rejoining as a previous member
- o Brochure from School
- o It's located nearby your home or office

What is your primary reason for joining the YMCA?

- o To improve personal or family health
- o To participate in a program or activity
- o Family recreation and activities
- o Other

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