



## Fergus Falls Area Family YMCA Application for Financial Assistance

The Fergus Falls Area Family YMCA is a not-for-profit community service organization dedicated to enhancing the spirit, mind and body for all persons through quality leadership, programs, services and facilities. The YMCA serves people of all ages, backgrounds, abilities and income levels. Founded and supported by its community, the YMCA wants all of its programs and services to be accessible to everyone in the community. Membership assistance and program scholarships are due to the donors to the Y Annual Giving Campaign and the generosity of the community at large.

The YMCA does not exclude any person(s) from becoming a YMCA member because of their inability to pay. If you feel you may qualify for Financial Assistance, please complete this application and return it along with the required supporting documents to the Fergus Falls Area Family YMCA, 1164 N. Friberg Ave., Fergus Falls, MN 56537. Contact the YMCA Membership Director, Samantha VanWechel-Meyer at 218-739-4489 for assistance.

### ~APPLICANT EXPECTATIONS~

- A parent / guardian must complete application on behalf of anyone under the age of 18.
- Please print all information neatly. Incomplete applications will be returned to applicant.
- Information must be submitted based on **total household income**, regardless of membership type requested.
- **Required Documentation:** Applicants *must* provide accurate and current income verification documentation. Applications without this documentation **will not be considered**. Do not send originals.
  - **Include a photocopy of your most recent Federal Income Tax return and copies of 3 most recent paystubs for anyone working in the household.**
  - **Disability Statements or Social Security Statements** *\*if applicable*
  - **Other Forms of Government Assistance (food stamps, foster care assistance, child support, alimony, student loans/grants, etc...)** *\*if applicable*  
*\*The YMCA realizes that individuals, families and households sometimes experience unexpected, temporary situations or hardships that affect one's ability to pay. If your tax return or pay stubs do not truly indicate your hardship, please include a letter stating your particular hardship.*
- Term of Financial Assistance is twelve months. Renewed by submitting a new application/docs for approval.
- Financial Assistance recipients are required to complete a survey at the completion of their initial F.A. term, and thereafter, as requested.
- Once approved, payment of applicant portion of joining fees and membership fees is due at registration and required to begin your membership or program. **Payments are made monthly through automatic bank draft or on a semi-annual or annual basis.** Cash, credit card or checks will only be accepted if your membership is paid in full for six or twelve months at a time. No exceptions. All cancellations must be submitted in writing.
- A decision will be made based on the application, submitted documents, and sliding fee scale. You will be notified of our decision, via letter. Approval process may take up to 2 weeks.

**Applicant Name:** \_\_\_\_\_

*For office use only*

**Date Application Received:** \_\_\_\_\_

Date Application Reviewed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

[ ] Denied – Reason: \_\_\_\_\_

[ ] Approved – Amount \$ \_\_\_\_\_ For: \_\_\_\_\_

[ ] Approval letter sent / Date: \_\_\_\_\_

Approval letters also copied to “Approved Scholarships Folder” at Member Services Desk

Primary Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Street Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Additional Employer(s): \_\_\_\_\_

\*Family is defined as adults (max 2) and those claimed as dependents on Federal Income Tax return.

Family* Information	First & Last Name	Age	School / employer(s)	Date of Birth	Relationship to Primary Applicant
Adult #1					Self
Adult #2					
Dependent #1					
Dependent #2					
Dependent #3					
Dependent #4					
Dependent #5					
Dependent #6					

**Application for Financial Assistance is for:**

- [ ] Membership (check one category to the right)..... → → →
- [ ] After School Child Care/Schools out Camp \*
- [ ] Summer Camp\*
- [ ] Program (please specify): \_\_\_\_\_
- [ ] Family Membership
  - [ ] Single Parent Family Membership
  - [ ] Senior Couple Membership
  - [ ] Senior Membership
  - [ ] Adult Membership
  - [ ] Young Adult Membership
  - [ ] Teen Membership
  - [ ] Youth Membership

\*If this application is for Child Care/Camp....Have you applied for entitlement benefits from Otter Tail County Human Services. YES or NO Please attach your documents with this application.

Do you have health insurance? \_\_\_\_Yes (self) \_\_\_\_Yes (family) Provider: \_\_\_\_\_ \_\_\_\_No  
How much do you feel you could afford to pay? (Answer those that apply to your situation)

Membership \$ \_\_\_\_\_ per month After School Child Care \$ \_\_\_\_\_ per week  
Schools Out Camp \$ \_\_\_\_\_ per day Program \$ \_\_\_\_\_ per session

Are you currently a member of this YMCA? [ ] No [ ] Yes How often do you visit this Y? \_\_\_\_\_

Have you applied for financial assistance before at the YMCA? [ ] Yes [ ] No

If yes, which YMCA and what for? \_\_\_\_\_

Have you volunteered for the YMCA? \_\_\_\_\_ How many hours did you provide? \_\_\_\_\_

What did you do for your volunteer work? \_\_\_\_\_

Your household annual income level is:

- under \$8,000                       \$8,001 to \$12,000                       \$12,001 to \$15,000                       \$15,001 to \$18,000
- \$18,001 to \$20,000                       \$20,001 to \$25,000                       \$25,001 to \$30,000                       \$30,001 to \$35,000
- \$35,001 to \$40,000                       \$40,001 to \$45,000                       \$45,001 to \$50,000                       over \$50,000

What benefits do you see in having financial assistance provided to join the Y as a member or participant?

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Why are you applying for financial assistance? Please list any extenuating circumstances that contribute to our financial need at this time (medical condition, disability, unemployment, etc.)

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What volunteer service can you provide to the Y?

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Are you claimed as a dependent on someone else's Federal Income Tax return?    Yes / No

If yes, who: \_\_\_\_\_ (The following information must include the person's income who claims you as a dependent).

If taxes are filed separately, you must still include income for your entire household below.

Please itemize your **monthly** income and expenses:

INCOME		EXPENSES	
Wages, salaries, and tips	\$ _____	Rent/Mortgage	\$ _____
Unemployment compensation	\$ _____	Utilities	\$ _____
Social Security compensation	\$ _____	Food	\$ _____
Child Support (you receive)	\$ _____	Clothing	\$ _____
Aid to dependent children	\$ _____	Phone	\$ _____
Food Stamps	\$ _____	Car Payment /Insurance	\$ _____
401K/retirement funds	\$ _____	Other: _____	\$ _____
Alimony (you receive)	\$ _____	Alimony (you pay)	\$ _____
Other : _____	\$ _____	Medical Expenses	\$ _____
Other : _____	\$ _____	Child Support (you pay)	\$ _____
<b>TOTAL INCOME</b>	<b>\$ _____</b>	<b>TOTAL EXPENSE</b>	<b>\$ _____</b>

You must attach copies of last year's Internal Revenue Service Tax Statement and/or your SSI allocation statement to verify your annual earnings. In addition, you must provide copies of your last 3 paycheck stubs from all employers for the entire family.

**Applications without this information cannot be processed.**

Ethnicity (for YMCA statistical reporting only):

\_\_\_\_ Caucasian      \_\_\_\_ Hispanic      \_\_\_\_ African American      \_\_\_\_ Native American  
\_\_\_\_ East African      \_\_\_\_ Asian/Pacific Islander      \_\_\_\_ Other      \_\_\_\_ Multi Racial

**I hereby agree that the above information is true, income verification is attached and I agree to provide additional documentation to verify financial need if requested:**

\_\_\_\_\_  
**Signature of Adult Applicant**

\_\_\_\_\_  
**Date**

*Fergus Falls Area Family YMCA \* 1164 N. Friberg Ave. \* Fergus Falls, MN 56537 \* (218) 739-4489*

***The Fergus Falls Area Family YMCA puts Christian principles into practice through programs that build a healthy spirit, mind and body for all.***