



Fergus Falls Area Family YMCA

Application for Financial Assistance

Applicant Name: _____

The Fergus Falls Area Family YMCA is a non-profit community service organization dedicated to enhancing the spirit, mind and body for all persons through quality leadership, programs, service 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. The YMCA does not exclude any person(s) from becoming a YMCA member because of their inability to pay.

…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 gross household income*, regardless of membership type.

Required Documentation:

Please turn in this application along with the following items that apply you AND anyone in the household:

- A photocopy of your most recent Federal Income Tax Return**
- Photocopies of your 3 most recent pay stubs**
- Documentation for all of the categories for ANY and ALL assistance that YOU OR FAMILY MEMBERS IN HOUSEHOLD receives (SSI, SSD, Food Stamps, WIC, Medicaid, Medicare, Unemployment, Alimony, Veteran’s Benefit, etc.)**

APPLICATIONS WITHOUT THIS INFORMATION CANNOT BE PROCESSED.

For assistance, please contact the YMCA Membership Director, Emily Stawarski at 218-739-4489, ext. 204 | emily@fergusfallsymca.org

Financially assisted memberships have been made available through the YMCA Annual Giving Campaign and various other fundraisers held by YMCA staff and volunteers. The scholarships are only possible with the support of community members and business.

For YMCA Staff Use Only

Date Application Received: _____ Date Application Reviewed: _____

Denied - Reason: _____

Approved - Amount: \$ _____ /Month For: _____

Approval letter/Date: _____

Approval letter copy in "Approved Scholarships Folder" at Member Services Desk

CONFIDENTIAL APPLICATION

OUR FUNDING IS PROVIDED IN PART BY THE ANSWERS TO THESE QUESTIONS, PLEASE FILL OUT THE FORM COMPLETELY

Name: _____ Date: _____

Date of Birth: _____ Gender: Male Female Other Martial Status: Married Single Separated

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

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	Date of Birth	School or Employer	Relationship to Applicant
Adult #2					
Dependent #1					
Dependent #2					
Dependent #3					
Dependent #4					
Dependent #5					
Dependent #6					

Application for Financial Assistance is for:

- Membership type (check type of membership):
 Family Single Parent Senior Couple Senior
 Adult Young Adult Teen Youth

- After School Child Care/Schools Out Camp**
 Summer Camp**
 Program (please specify): _____

**** If this application is for Child Care/Camp:**
 Have you applied for entitlement benefits from Otter Tail County Human Services? Yes No
If Yes, please attach your documents with this application

Do you have health insurance? No Yes (self) Yes (family) Provider: _____

How much do you feel you could afford to pay? (Answer each situation that applies to this application)

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 the Y? _____

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

If Yes, which YMCA ? _____

INCOME:

Did you file taxes last year? Yes No (circle one)

Are you claimed as a dependent on someone else's Federal Income Tax Return? Yes No (circle one)

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.**

Household MONTHLY Income	For YOU	For OTHER ADULT	For OTHER	SUBTOTAL
GROSS Wages, Salaries & Tips, Self Employment,				
Social Security and/or Disability				
Child Support & Alimony				
Food Support				
Other: Unemployment, etc.				
MONTHLY INCOME TOTALS:				

*Your total taxable income for the year can found on your most recent tax return form. It can be found on these common tax forms on the following lines: 1040- Line 22, 1040ez - Line 6, 1040A - Line 15.

EXPENSES:

Household MONTHLY Expenses	For YOU	For OTHER ADULT	For OTHER	SUBTOTAL
Rent/Mortgage & Insurance				
Utilities (Internet, electric, phone, etc.)				
Car (Payment & Insurance)				
Food				
Medical Expenses				
Other				
Monthly Total Expenses				

Please explain why you would like to be considered for financial assistance at the YMCA? List any extenuating circumstances that contribute to our financial need at this time (medical conditions, disability, unemployment, etc.) _____

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

Have you volunteered for the YMCA? _____

What did you do for your volunteer work? _____

What volunteer services can you provide to the Y? _____

Ethnicity (for YMCA statistical reporting only):

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

**For assistance, please contact the YMCA Membership Director,
Emily Stawarski at 218-739-4489, ext. 204
emily@fergusfallsymca.org**

Before I submit this document, I have done the following:

- Filled out the form completely
 Attached a COPY of your most recent Federal Tax Return
 Attached copies of 3 most recent Paystubs
 Attached any copies of forms: SSI, SSD, Food Stamps, WIC, Medicaid, Medicare, Alimony, Unemployment, Veteran's Benefit, etc.

ANY INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT

…Financial Terms…

- Term of Financial Assistance is twelve months. Renewed by submitting a new application and documents for approval.
- Financial Assistance recipients are required to complete a survey at the completion of their Financial Assistance 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 /credit card or on a semi-annual or annual basis.** Cash or checks will only be accepted if your membership is paid in full for six or twelve months at a time. No Exceptions. Refunds for cancellation are not allowed.
- All cancellations must be submitted in writing within the cancellation policy.
- 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.

I have read the Financial Terms mentioned above.

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 Applicant or Parent/Guardian if a minor

Date

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

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