



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Membership Scholarship Application

Scholarship Assistance Made Possible By:



YMCA Family Center
215 North 7th Street
Grand Forks, ND 58203

Scholarship Information and Application

Financial Assistance Policy

The YMCA Family Center is a non-profit community service organization serving Grand Forks, East Grand Forks and the surrounding communities. Our mission is to promote Christian principles through programs that build healthy spirit, mind and body for all. The YMCA staff and volunteer leadership stand behind its mission to provide membership, programs and services to everyone in the community, regardless of their financial circumstances. Through the generous donations of individuals and businesses, the support of the YMCA Partner of Youth Scholarship Program and the United Way, we are able to provide scholarship assistance to make that possible. Scholarships are provided within the limits of available funding.

Level of Assistance

The level of assistance available to individuals and families is based upon a sliding fee scale that takes into consideration your gross household income and number of dependents. The YMCA believes in establishing a sense of ownership and pride in one's involvement in the YMCA. Therefore, applicants will always be asked to pay a portion of the membership, program or service fees. This fee must be paid prior to participation as a member or program services. For our participants with a disability, if your participation requires the assistance of an escort, there will be no charge for the escort.

Eligibility Requirements

Since a limited amount of funds are available, priority will be given to those participants with the greatest need. The program is designed to aid those in a "crisis" or "high-risk" situation. Examples of such situations include: a disability, medical referral, rehabilitation, single-parent household or special family arrangements and extremely low income.

The YMCA realizes that individuals and families may sometimes experience unexpected, temporary situations or hardships that affect one's ability to pay. If your tax return or pay stub does not truly indicate your hardship, please include a letter stating your particular hardship.

How to Apply

Applicants must complete the attached application in full. We require that all applicants submit verification of their income with their completed application. Income verification must be current and includes: pay check stubs, unemployment check stubs, disability or social security statements, government and/or other assistance verification. All information provided during the application process will remain confidential.



**YMCA FAMILY CENTER
MEMBERSHIP
SCHOLARSHIP APPLICATION**

Date of Application: _____ Month of Income Verification: _____

Name: _____

Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

E-Mail: _____ SSN: _____

Members of your immediate family and birth date:

_____	DOB _____
_____	DOB _____
_____	DOB _____
_____	DOB _____

How would a membership scholarship help or benefit your family? _____

Membership request: ____ Youth ____ Adult ____ One Parent Family ____ Family

PLEASE NOTE: The following financial information requested below is necessary for approval of scholarship assistance.

<u>Monthly Rate</u>	<u>YMCA Scholarship Request</u>	<u>Applicant Responsibility</u>
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_____	=	_____	+	_____
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Family Monthly Income:*

_____ \$0 - \$12,000
_____ \$12,001 - \$20,000
_____ \$20,001 - \$30,000
_____ \$30,001 - \$40,000
_____ \$40,001 - \$50,000

Other Sources of Support:

_____ Alimony	\$ _____ per month
_____ Child Support	\$ _____ per month
_____ Social Security	\$ _____ per month
_____ AFDC	\$ _____ per month
_____ Assistance	\$ _____ per month
_____ Other	\$ _____ per month

****SEE REVERSE SIDE TO COMPLETE APPLICATION****

***Please attach supporting documentation to verify your income by attaching your most recent personal tax return or payroll information.**

Have you previously applied for YMCA membership assistance? ____ Yes ____ No

Agency/person who referred you to the Y Scholarship Program? _____

Scholarship Assistance Policy

Within the limits of available funding, the YMCA does not refuse membership or program services to any person due to their proven inability to pay the cost of participation. Scholarship Assistance is available through funding provided by the YMCA Partner of Youth Program and the United Way.



MEMBERSHIP SCHOLARSHIP INFORMATION SHEET

What is a Scholarship Membership? The member scholarships are available through funding from the GF YMCA Partner of Youth Scholarship Program, which is designated to assist individuals and families in a financial crisis to become members.

Who qualifies for a Scholarship Membership? The scholarship program has been developed for individuals or families in what would be considered a **crisis situation**. A “**crisis situation**” would include: a disability, medical referral, rehabilitation, a family situation or any other situation where assistance is needed, and there is no other alternative available to them.

How do I get a Scholarship Membership? The first step to acquiring a membership is to complete a scholarship application form, which is available at the YMCA Customer Service Desk or on the website at www.gfymca.org. Once completed, the application is returned to the YMCA, and the Membership Director will contact you for an appointment.

Do I need to bring anything to the appointment? Yes, you will need to bring a form of income verification. This verification would include current pay stubs, copies of any assistance or child support you may be receiving, or your most recent tax return. Income verification is required at least once a year.

What happens at this appointment? During your appointment, we will discuss what is included in the membership, you will be offered a tour, and we will discuss your assistance need and determine an appropriate membership fee.

Who do I contact if I have questions?

Please contact Bob McWilliams, Associate Executive Director, at the GF YMCA Family Center, 775-2586.

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Approved: _____ Denied: _____ Incomplete Application: _____
Type of Membership: _____ Regular Rate: \$ _____
Scholarship Amount \$ _____ Bank Draft Rate: \$ _____ 3 Month Rate: \$ _____
Recommended by: _____ Expiration Date: _____