



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA PARTNER OF YOUTH PROGRAM SCHOLARSHIP APPLICATION

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Altru Family YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Partner of Youth Scholarship Program and the United Way, the Altru Family YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts for programs is handled by the Program Directors in a fair and consistent manner. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



- *Scholarship Assistance reduces the program fees; it may not eliminate them.*
- *Fees must be paid during registration*
- *Families must reapply when the program expires.*
- *Please contact the YMCA if you have any questions at 701 775-2586 or www.gfymca.org.*
- *Incomplete applications will not be eligible for assistance.*
- *All information provided is kept confidential.*



1. APPLICANT INFORMATION

Name:
Address:
City:
State: Zip Code:
Home Phone ()
Cell Phone ()
Email:
Employer:
Employer Phone: ()

2. All Persons In Need Of Scholarship Assistance

Name:	DOB ___/___/___
Name:	DOB ___/___/___
Name:	DOB ___/___/___
Name:	DOB ___/___/___
Name:	DOB ___/___/___
Name:	DOB ___/___/___
Name:	DOB ___/___/___

3. I AM APPLYING FOR:

Check program for which you are applying for:

<input checked="" type="checkbox"/>	PROGRAM
<input type="checkbox"/>	Day Camp
<input type="checkbox"/>	Fitness Class
<input type="checkbox"/>	Swimming Lessons
<input type="checkbox"/>	Yth Sports:
<input type="checkbox"/>	Other:

Have you applied for scholarship assistance before? ___ Yes ___ No
Agency or person that referred you?

How would this assistance help you and your family?

*****Office Use Only*****

Approved ___ Yes ___ No ___ Incomplete
Program Applying: _____
Reg Rate \$ _____ Sch. Amt. \$ _____

Approved By: _____
Expiration Date: ___/___/___

4. To qualify for scholarships you **must provide** the following documents:
Last year's federal tax forms and/or your latest 2 pay stubs.

<u>Income Verification* Required</u>		<u>Other Sources of Support</u>	
Family Employment Annual Income		Alimony	\$ _____ per month
\$ _____		Child Support	\$ _____ per month
		Social Security	\$ _____ per month
		AFDC	\$ _____ per month
		Other	\$ _____ per month

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary to send additional information and documentation to support the above statements. I understand that scholarship assistance is based on need and that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future

Signature of person completing this form: _____ Date ___/___/___

Scholarship Assistance Policy

Within the limits of available funding, the Altru Family YMCA does not refuse membership or program services to any persons 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.

