



# YMCA Partner of Youth MEMBERSHIP SCHOLARSHIP APPLICATION



## ALTRU FAMILY YMCA Financial Assistance Policy



The Altru Family YMCA 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 Y 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 from individuals, businesses, foundations, and the support

of the YMCA Partner of Youth Scholarship Program, 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 Y believes in establishing a sense of ownership and pride in one's involvement in the Y. 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 Y 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 reflect your situation, please include a letter stating your particular hardship.

### How to Apply .....

Applicants must complete either a **membership** or **program** scholarship application form in full. Application forms are available at the Y Member Service Desk or online at [www.gfymca.org](http://www.gfymca.org). We require that all applicants submit verification of their income with their completed application. Income verification must be current and includes: **most recent federal tax form, 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 and will be shredded after the application process is completed. Income verification must be updated at least once per year or less. Scholarship assistance is provided for 1) single **program** assistance or 2) **membership** assistance in one, three, or six month increments (as determined by the Membership Director and applicant) - or automatic bank draft, which will be assigned an expiration date.

**Completed application may be mailed, emailed, or dropped off at the Y, attn: Patti McEnroe.**

For additional information, contact Patti McEnroe at the Y: 701-775-2586.

For Child Care scholarship assistance, please contact the Y Child Care Director.



**Altru Family YMCA**  
215 N 7th Street  
Grand Forks, ND 58203  
[pmcenroe@gfymca.org](mailto:pmcenroe@gfymca.org)  
(701) 775-2586  
[www.gfymca.org](http://www.gfymca.org)

# Partner of Youth MEMBERSHIP Scholarship Application

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Date of Application \_\_\_\_\_

**\* PRIMARY APPLICANT INFORMATION**

- Name \_\_\_\_\_
- Address \_\_\_\_\_
- City \_\_\_\_\_
- State \_\_\_\_\_ Zip \_\_\_\_\_
- Home Phone \_\_\_\_\_
- Cell Phone \_\_\_\_\_
- Email \_\_\_\_\_
- Employer \_\_\_\_\_
- Employer Phone \_\_\_\_\_

**\* ALL PERSONS LIVING IN THIS HOUSEHOLD**

- Applicant \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_
- Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_
- Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_
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- Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_
- Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\* **Family memberships** include spouses and children under the age of 18 unless they are attending college (through age 24). \*\*

**How would this assistance help you and your family?**

\_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY**

\_\_\_\_\_ **Approved**      \_\_\_\_\_ **Not Approved**      \_\_\_\_\_ **Incomplete**

Membership Type: \_\_\_\_\_

Regular Rate: \_\_\_\_\_ Scholarship Amount: \_\_\_\_\_ (Discount Group)

Monthly Rate: \_\_\_\_\_ 3 Month Rate: \_\_\_\_\_ 6 month rate: \_\_\_\_\_

**Date:** \_\_\_\_\_ **By:** \_\_\_\_\_ **Expir:** \_\_\_\_\_

**2**

**\* I AM APPLYING FOR** (Choose One.)

- \_\_\_\_\_ Youth Membership
- \_\_\_\_\_ Adult Membership
- \_\_\_\_\_ Family Membership (Two adults & child[ren])
- \_\_\_\_\_ Single Parent Family (One adult & child[ren])
- \_\_\_\_\_ Couple Membership

Have you applied for membership assistance before?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

**Agency** that referred you:

\_\_\_\_\_

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**\* INCOME VERIFICATION (REQUIRED)**

**Please attach income verification** - including copies of your most recent Federal Tax form and/or your most recent two (2) pay stubs, plus additional sources of support.

Employment Annual Income:

\$ \_\_\_\_\_

Alimony \_\_\_\_\_ /month

Child Support \_\_\_\_\_ /month

Social Security \_\_\_\_\_ /month

Welfare \_\_\_\_\_ /month

Housing \_\_\_\_\_ /month

Food \_\_\_\_\_ /month

Disability \_\_\_\_\_ /month

Other \_\_\_\_\_ /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.

\_\_\_\_\_ **\* APPLICANT SIGNATURE**      \_\_\_\_\_ **\* DATE**