



YMCA Partner of Youth PROGRAM 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. 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 the Y and ask for a program director: 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
gfymca@gfymca.org
(701) 775-2586
www.gfymca.org

Partner of Youth PROGRAM 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 _____

* PERSONS IN NEED OF ASSISTANCE

- Applicant _____ DOB ____/____/____
- Name _____ DOB ____/____/____
- Name _____ DOB ____/____/____
- Name _____ DOB ____/____/____
- Name _____ DOB ____/____/____
- Name _____ DOB ____/____/____
- Name _____ DOB ____/____/____

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: _____

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* I AM APPLYING FOR (Choose One.)

- _____ Adventure Camp/Wilderness Club
- _____ Youth Sports
- _____ Swim Lessons
- _____ Fitness/Wellness Program
- _____ Other _____

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

Other _____ /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