

## Superior Douglas County Family YMCA **Application for Financial Scholarship**



The Superior YMCA is a non-profit organization offering opportunities for personal growth and service to others. Within our available resources, we strive to serve those who can benefit from YMCA memberships & programs. We are able to provide a limited number or scholarships from money raised by our Annual Support campaign and with support from our local United Way. Scholarships are granted on the basis of financial need. We use a sliding fee scale along with the information and documentation you provide. All information is kept confidential. Our ability to provide assistance is based on the funds we are able to raise each year. Membership scholarships are valid for six months. Two weeks prior to expiration you may fill out another application to reapply.

## Financial documentation may be requested to verify eligibility.

APPLICANT'S PERSONAL INFORMATION- PLEASE PRINT NEATLY

M[]	F[] Date	of birth					
City/Zip							
Email Add	ress						
TYPE OF SCHOLARS	HIP						
I AM APPLYING FOR A MEMBERSHIP:Young Adult Ages 18-25 (out of High School)Adult Ages 26-64Senior 65 or olderOne Adult Family – One adult households with family members claimed on taxesTwo Adult Family – Family members in same household that are claimed on taxesYouth 0-18 (Still in High School) - Name of youthI AM APPLYING FOR A CLASS/PROGRAM: One program scholarship allowed per person per program session.  Name of Class Participant Class							
me of Class Participant Class Class							
EMBERS, INCLUDIN	G APPLICANT I	N HOUSEHOLD					
RELATIONSHIP TO YOU	DATE OF BIRTH	SCHOOL OR EMPLOYER					
	Email Add:  TYPE OF SCHOLARS  WBERSHIP: of High School)  thouseholds with famility embers in same househol) - Name of youth  SS/PROGRAM: One process  EMBERS, INCLUDING	City/ZipEmail Address					

## FINANCIAL INFORMATION

## \*List all income and assistance for the ENTIRE household.

Income Monthly	Adult #1	Adult #2	Dependant #1	Dependant #2
Wages	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Snap Benefits	\$	\$	\$	\$
Section 8 Housing	\$	\$	\$	\$
Other	\$	\$	\$	\$

IF YOU LIST NO INCOME USE THE LINED SPACE BELOW TO LIST HOW	YOUR DAILY LIVING
EXPENSES ARE PAID FOR.	

*I feel I can afford to pay dollars per month towards my membership or class (must be filled in).
IF YOU LIST NO INCOME USE THE LINED SPACE BELOW TO LIST HOW YOUR DAILY LIVING EXPENSES ARE PAID FOR.
Please state your reasons for requesting a financial scholarship in the space provided. Be sure to explain all
circumstances and expenses to substantiate your request. The more detailed information you furnish to explain your need, the better we can make an accurate determination of this request.
NOTE: You will receive a letter in approximately two weeks after submitting your application, notifying you whether or not you have been approved for assistance. If your application is incomplete we will notify you.
I agree that the above financial information is true and complete to the best of my knowledge and I agree to provide additional documentation if required.
Applicant's SignatureDate

What prompted you to visit the Y?

- o Referral from a friend
- o Referral from social worker or doctor
- o Rejoining as a previous member
- o Brochure from school
- o It's located nearby your home or office

What is your primary reason for joining the Y?

- o To improve personal or family health
- o To participate in a program or activity
- o Family recreation and activities
- Other

Other		