the YMCA
FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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**. 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 verification, 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) **program** assistance or 2) **membership** assistance in one, three, or six month incremements (as determined by the Membership or Program Director and applicant) - or automatic bank draft, which will be assigned an expiration date (6 months maximum).

- **Completed application may be mailed, emailed, or dropped off at the Y, attn: Patti McEnroe**
- **PRINTED COPIES of financial information are preferred, or email to: scholarships@gfymca.org**
  For addtional information, contact Patti McEnroe: 701-775-2586
- **Most application are processed within one week: allow up to two weeks. A letter will be sent to the address provided on the application explaining the application status. Applications with missing information will be marked as "Incomplete": applicant may resubmit with reqired information and documentation.**
- **Application is valid for 60 days from application date.**

Altru Family YMCA
215 N 7th Street
Grand Forks, ND 58203

OFFICE USE ONLY

_____ **Approved** _____ **Not Approved** _____ **Incomplete**

Date: _____ **By:** _____

Membership Type: _____

Regular Rate: _____ Scholarship Amount: _____ (Discount Group)

Monthly Rate: _____ 3 Month Rate: _____ 6 month rate: _____

Partner of Youth MEMBERSHIP Scholarship Application

Date of Application _____

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* PRIMARY APPLICANT INFORMATION

- First & Last Name _____ Date of Birth (DOB) ____/____/____
- Address _____ City _____ State _____ Zip _____
- Home Phone _____ Cell Phone _____
- Email Address _____
- Employer _____ Employer Phone _____
- Emergency Contact _____ Emergency Contact Phone _____

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* MEMBERSHIP I AM APPLYING FOR (Choose One)

_____ Youth _____ Adult _____ Senior _____ Family _____ Single Parent Family _____ Senior Couple

* Have you applied for membership assistance before? _____ Yes _____ No

* **Agency** that referred you _____ Contact Name & Phone _____

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* ADDITIONAL PERSONS LIVING IN THIS HOUSEHOLD

- Name _____ DOB ____/____/____ Gender _____ Relationship _____ Age ____
- Name _____ DOB ____/____/____ Gender _____ Relationship _____ Age ____
- Name _____ DOB ____/____/____ Gender _____ Relationship _____ Age ____
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** **Family memberships** include spouses and children (dependents with same address) under the age of 18 unless they are attending college (through age 24). **

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* REQUIRED INCOME VERIFICATION ☑

Please attach copies of income verification of ALL ADULTS in household:

☐ Most Recent Tax Return ☐ I.D. of Primary Applicant ☐ Two Most Recent Pay Stubs

☐ Employment Total Annual Income: $_____

☐ All Applicable Government Assistance:

Alimony _____ /month Welfare (TANF) _____ /month Disability _____ /month

Child Support _____ /month Housing _____ /month Unemployment Verification Letter

Social Security _____ /month Food (SNAP) _____ /month Other _____

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.

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_____ * APPLICANT SIGNATURE

_____ * DATE