



**Keep this front page for your records!**

**Application Submission Date: \_\_/\_\_/\_\_**

# 2018

## **Duluth Area Family YMCA Financial Assistance Application**

YMCA Financial Assistance is a needs-based scholarship fund made available through the Strong Kids Campaign, by individual and business contributions. Financial assistance can provide you with a membership or program scholarship you can afford, whether you are applying as an individual or a family.

### **Application Process (Please read carefully):**

**Complete this application in its entirety.** Applications not entirely filled out will delay processing. If there are any missing documents, an attempt to contact will be made and the applicant will be responsible for supplying the missing document. Once an application and all applicable documents are turned in to the Member Services Desk, please allow 7 days for applications to be processed. You will receive a letter within two weeks of your application, notifying you whether or not you have been approved for assistance, and the length of your scholarship. After your award letter has been received, bring it with you to the Member Service Desk to activate your membership.

If you have not heard anything after approximately 2 weeks, you can check on the status of an award, by calling the Member Services Desk at 218.722.4745 x100.

Here at the Duluth YMCA we award scholarships ranging from a 20-70% decrease in membership and/or program dues. Awards are good for up to one year, at which time your membership will automatically terminate. If you would like to continue at the end of your time, you will need to inform the Member Service team of this and fill out a new scholarship application if still applicable.

It is the responsibility of each membership unit to cancel a membership if you no longer wish to continue your membership here at the Duluth Y, prior to your scholarship end date, or if you wish to place your membership on hold. **Cancellation and change forms are due by the 20<sup>th</sup> of each month.** Requests received on the 21<sup>st</sup> or later of each month will be applied to the following month.

Memberships must be activated within 60 days of the award letter date. If a membership is not activated within 60 days, the applicant must reapply.

### **Membership Payment Options:**

Payment must be provided to activate membership. There are 2 different options for payment when activating a membership.

- i. **Monthly Automatic Checking, Savings or Credit Card Withdrawal**—You will need to bring in a voided check, blank deposit slip or credit card to get started with this payment option. This is taken on the 25<sup>th</sup> of each month.
- ii. **Quarterly Payments**— Payments can be made with cash, check or credit card for 3 months at a time. The first installment of this payment type will include the joining fee, prorated for the month the membership is activated, plus the upcoming three months after. These payments must be paid in full.

**Questions or Concerns?** Call the Member Service Desk 218.722.4745 x100 or email [mervices@duluthymca.org](mailto:mervices@duluthymca.org).

Revised 06/26/2018/2018



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Application Submission Date: \_\_\_/\_\_\_/\_\_\_  
Staff Initials: \_\_\_\_\_

**Facility Membership?**

- Youth  1 Adult Family (hardship only)
- Young Adult (18-25)  2 Adult Family
- Adult (26+)

- New Application  Renewal

- Program Assistance Needed?

**STEP ONE: Enter Household Information**

Full Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

List additional household members (proof of same address may be requested):

	Full Name	Age	DOB	Gender	Relationship
1.	_____	___	___/___/___	_____	_____
2.	_____	___	___/___/___	_____	_____
3.	_____	___	___/___/___	_____	_____
4.	_____	___	___/___/___	_____	_____
5.	_____	___	___/___/___	_____	_____
6.	_____	___	___/___/___	_____	_____

**STEP TWO: Verify current total household income and submit documents**

What is the total gross monthly household income? \$ \_\_\_\_\_ x12 = Total annual income: \_\_\_\_\_

Special Circumstances (if any): \_\_\_\_\_

Submit a copy of the following documents for all adults in household:

- REQUIRED BY ALL APPLICANTS:** Last year's tax return – form 1040 OR non-filing letter from IRS [www.irs.gov](http://www.irs.gov) or (800)829-1040. Applicants who do not have copies of their federal tax return or are not required to file taxes may go to the [www.ssa.gov](http://www.ssa.gov) online resources to receive a free statement that verifies they have filed their return or are not required to by law.
- SSI/Disability Award Letter (if applicable)
- Award letter or disbursement history for ALL government assistance (if applicable)
- 4 weeks of paystubs OR letter from employer verifying income (if applicable)
- Unemployment income verification letter (if applicable)
- Proof of dependents (if applicable – provide a min of 1 document of dependent(s) verification)
- If living in a group home or boarding – provide letter from home verifying that you are a current resident.

Reason for missing document(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Questions or Concerns? Call the Member Service Desk 218.722.4745 x100 or email [mervices@duluthymca.org](mailto:mervices@duluthymca.org).



## STEP FOUR: Sign

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I hereby certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA in writing of any changes in the information supplied in this application such as income, address, living arrangement, marital status or other matters that might affect my eligibility for financial assistance. I understand that failure to comply with YMCA policies can and may result in immediate revocation of membership and program privileges.

I understand my YMCA scholarship memberships will be for a duration of 6 or 12 months, and will remain in effect until terminated at the end of that time. If I wish to end the membership early, notification in writing by the 20<sup>th</sup> of the month in which I wish to end the membership is required.

Membership rates are subject to increase: Notice of increase of membership rates will be notified 30 days in advance

\_\_\_\_\_  
Signature Applicant

\_\_\_/\_\_\_/\_\_\_  
Date