



Financial Assistance Application

Guidelines and Payment Options

Financial Assistance is a needs-based scholarship made available through the Annual Campaign and individual and business contributions. Financial Assistance will provide you with a membership you can afford, whether you are applying as an individual or family. Your ability to pay a portion for the regular rate will help stretch the scholarship funds. Please consider sharing your Y positive experience with us through a letter, note or email that we can share with donors anonymously to help raise funds to continue providing scholarships.

Please submit this completed application with required documents to the YMCA. For questions or to make an appointment regarding this application, contact Janet Arneson at jarneson@cookcountymca.org or by calling 218-387-3386 x 509.

Applicant Information

How did you hear about the YMCA? _____

Would you like Program Assistance? Yes No

Would you like Membership Assistance? Yes No

Membership Type (check): Adult Two-Adult Family One-Adult Family Youth

New Applicant or Reapplying? _____

Applicant Name: _____

Phone: _____

Address: _____

Email: _____

City, State, Zip: _____

Birthdate: / /

Additional Members:
Name: _____

Birthdate: / /

Birthdate: / /

Birthdate: / /

Birthdate: / /

Birthdate: / /

Birthdate: / /

Birthdate: / /

Income and Expenses

For income, please add-in all monthly income for adults living in household.

Adult 1
Earnings from work: _____

Adult 2
Earnings from work: _____

Assistance: _____

Assistance: _____

All other income: _____

All other income: _____

Total Monthly Income: _____

Required Documents: Please indicate which documents you will send or bring into the YMCA. Your application will not be considered complete until these documents have been submitted. If you cannot provide either of these documents, check the box marked 'Other' and explain why.

Proof of Income – two most recent paystubs for both adults.

Tax Return - (first page only) if this is a better picture of yearly income.

Other _____

Does your family qualify for free and reduced lunch at the school? Y / N If so, please be able to present the award

letter to verify this as the school records are confidential OR authorize the ISD 166 Staff to release the status of your Free and Reduced Lunch to the Staff of the Cook County YMCA by signing here _____

Do you feel like you have excessive expenses that meet or exceed your total monthly income? _____

What amount do you feel you can afford per month for a membership? This will help us determine an affordable rate for your household. _____

Is there anything else you want us to know with regards to your situation? _____

Check-list and Terms of Agreement

Membership Payment Options: Check the option you want to use below.

Financial Assistance program allows you to select from 3 options for payment when signing up for a membership. Check one option below to be set-up on your account.

_____ **Monthly Automatic Checking, Savings or Credit Card Withdrawal** – You will need to sign the Auto withdrawal form, and bring in a voided check, blank deposit slip or credit card to get started with this payment option. This is taken on the 25th of each month.

_____ **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 at the beginning of the quarter.

_____ **One Year** – You may pay for a full year. Payments can be made with cash, check or credit card.

Initial that you have read and understand the following:

_____ I understand that I must sent or bring in all required documents for my application to be considered complete.

_____ I understand that I must notify the YMCA in writing by completing a cancellation form if I wish to discontinue my membership.

_____ I understand that dues are non-refundable.

_____ I understand that awards are good for 12 months. At the end of the 12 months, I must reapply to continue my membership.

*I Certify that all information in the application and all income verification statements provided are true and complete to the best of my knowledge. Any false statements, omissions on this application or failure to report changes in your income status are grounds for revocation for the financial assistance.

Signature of Applicant, Parent, Guardian, or Conservator

Date application was submitted

Name of Caseworker/Social Worker/Counselor (if assigned)

Phone # of Caseworker

YMCA Office Use Only

Award Date: _____ Award Amount: _____

Expiration: _____ Staff: _____