



## FINANCIAL ASSISTANCE APPLICATION-Marshall Area YMCA

The Marshall Area YMCA is a nonprofit charitable association of members. The Marshall Area YMCA makes every effort to provide access to our facility for all who wish to participate. Our financial assistance program is generously supported in part through individual and corporate contributions to our annual YPartners Campaign and the Southwest Minnesota United Way. Financial assistance is given to those in need within our available resources.

### WHAT IS THE YMCA FINANCIAL ASSISTANCE PROGRAM?

The Marshall Area YMCA financial assistance scholarship is a sliding scale based program designed to provide YMCA Membership services to any family, adult or youth regardless of their ability to pay.

Determining assistance amounts is handled in a fair, consistent and confidential manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship.

### IS IT POSSIBLE TO JOIN THE Y FOR FREE?

The YMCA believes a strong sense of ownership and pride is developed when the financial assistance recipient contributes to the cost of their Y involvement. Therefore, applicants will be asked to pay a portion of the fee for membership and/or programs.

### HOW LONG DOES IT TAKE TO PROCESS A FINANCIAL ASSISTANCE REQUEST?

Please allow up to 2 weeks processing time for applications. You will be notified either via email or phone regarding the amount awarded. Once confirmation is received that the amount awarded is approved, your membership will be activated.

### IF I RECEIVE FINANCIAL ASSISTANCE, WHAT IS EXPECTED OF ME?

- Upon approval, the YMCA will email or call scholarship applicants notifying them of the portion you will be asked to pay.
- Once you have received a call or notification and provided approval on the amount awarded, your account will be activated, at which time the joining or annual processing fee and the prorated amount of your membership fee will be due.
- All Scholarships are awarded for 12 months. Individuals/ families must reapply annually with updated documentation to continue their scholarship. **SCHOLARSHIP MEMBERSHIPS DO NOT RECEIVE RENEWAL NOTICES.** \*\*If you do not reapply at the time requested, your membership will expire. \*\*
- Membership fees are subject to change at the time of renewal, after termination or when the Board deems necessary.

### THIS APPLICATION WILL NOT BE PROCESSED WITHOUT PROPER DOCUMENTATION.

- APPLICATION COMPLETED IN FULL**
- MOST RECENT FEDERAL TAX RETURN** *\*for all adult household members on application\**
  - Please note, pay stubs are not acceptable form of proof of income.
- If taxes not filed, SSI or SSDI verification, medical assistance letter and/or county assistance form**

### GUIDELINES BEGINNING OCTOBER 1, 2017

|  |                              |
|--|------------------------------|
| <b>Scholarship joining fee for New Member(s)</b>       | <b>\$20</b>                  |
| <b>Annual Scholarship processing fee</b>               | <b>\$10</b>                  |
| <b>Maximum membership fee discount</b>                 | <b>50% off regular rates</b> |
| <b>Maximum camp &amp; afterschool program discount</b> | <b>25%</b>                   |

*If there is any additional information you feel is necessary for us to take into consideration, please be sure to include this with the application or call to speak to our Membership Director or Lead Membership staff at 507-532-9622 or email [membership@marshallareaymca.org](mailto:membership@marshallareaymca.org).*



The Marshall Area 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 membership and programs.

**Before I submit this document, I have done the following:**

- Filled out the form in full
- Attached most recent Federal Tax Return
- If taxes not filled, SSI or SSDI verification, medical assistance letter and/or county assistance form

- Support is made possible from our local United Way, and individuals/businesses that contribute to our YMCA Partners Fund. Assistance is granted on the basis of financial need. The YMCA uses a sliding fee scale along with the information and documentation you provide. All information provided by you is kept confidential. All persons using the YMCA facilities must abide by our Code of Conduct.
- Our ability to provide assistance is based on the funds we are able to raise every year. Assistance for membership is reviewed annually and a new application (with documentation) must be filled out at that time. You can be denied assistance if you do not provide the necessary documents or your income level exceeds our sliding fee scale. Further documentation can be requested to verify household expenses.

Application Date \_\_\_\_\_  NEW APPLICANT  RENEWAL APPLICANT

**MEMBERSHIP TYPE:** (circle one)

Family      Single Parent Family

Adult (25+)    Young Adult (18-24)    Youth

**I AM APPLYING FOR:** circle ALL that apply

MEMBERSHIP    PROGRAMS

AFTER SCHOOL/SUMMER CAMPS

Primary Member name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Spouse/Significant Other: \_\_\_\_\_ (if applying for Family membership) D.O.B. \_\_\_\_\_

Dependents Name(s):

1. \_\_\_\_\_ D.O.B. \_\_\_\_\_ M/F
2. \_\_\_\_\_ D.O.B. \_\_\_\_\_ M/F
3. \_\_\_\_\_ D.O.B. \_\_\_\_\_ M/F
4. \_\_\_\_\_ D.O.B. \_\_\_\_\_ M/F
5. \_\_\_\_\_ D.O.B. \_\_\_\_\_ M/F

Are you employed? Y/N

Employer: \_\_\_\_\_

Is your spouse/partner employed? Y/N

Employer: \_\_\_\_\_

Monthly Gross Income: \$ \_\_\_\_\_

If you receive state, federal, or county aid, please list how much is received per month: \$ \_\_\_\_\_

Membership Fee I can afford to pay per month: \$ \_\_\_\_\_

Please share the reason for needing financial assistance: \_\_\_\_\_

\_\_\_\_\_

Are there any additional circumstances that we should be aware of and take into consideration?

\_\_\_\_\_

\_\_\_\_\_

Scholarships are awarded in 1 year increments and can be paid with the following methods:

*Please check your payment method.*

\_\_\_\_\_ Monthly payment via Checking Account or Credit Card

\_\_\_\_\_ Cash payment paid monthly. **\*PAYMENTS MUST BE PAID ON THE 1<sup>ST</sup> OF EACH MONTH TO AVOID RISK OF INACTIVATION**

\_\_\_\_\_ Semi-Annual pre-paid payment, due at the time of activation

\_\_\_\_\_ Annual pre-paid payment, due at the time of activation

**POTENTIAL NEW MEMBERS:**

There is a \$20 JOINING FEE FOR NEW MEMBERSHIPS

**FOR NEW & RENEWED FINANCIAL ASSISTANCE APPLICANTS:**

There is an annual Scholarship processing fee of \$10

Please allow approximately 2 weeks for application to be processed and notification. You will be contacted by the YMCA as to the status of your application. If you have any questions, please feel free to contact Jennifer Anderson/Member Services at 507-532-9622.

The information provided on this application is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

Approved amount per month \$ \_\_\_\_\_ Program approval % \_\_\_\_\_ Camp/ASP approval % \_\_\_\_\_

Approval Date: \_\_\_\_\_ Approved By: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Applicant notified: \_\_\_\_\_