



Kandiyohi County Area Family YMCA

Application for Financial Assistance

The Kandiyohi County Area Family YMCA is a non-profit organization offering opportunities for youth development, healthy living and social responsibility. Within our available resources, we strive to serve those who can benefit from YMCA membership and programs.

1. Before I submit this document, I have done the following:

- Filled out the form completely with household income and expenses stated
- Attached most recent Federal Tax Return (Form 1040) - State if you did not file.
- Attached proof of income paystub, SSI verification and/or county assistance form
- If self-employed, attach current checking account statement

- Support is made possible from individuals/businesses that contribute to our YMCA Partners Fund. Assistance is granted on the basis of financial need. We use 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 every 3-6 months or 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.

Name: _____ Male _____ Female _____ Date of Application _____

Address: _____ City _____ Zip _____

Home Telephone: _____ Work or Cell Phone _____

Age: _____ Ethnicity: _____ Place of Employment: _____

Do you or any of your family members have disabilities? Yes No

Ethnicity and disability questions are used for reporting purposes and are often required for our grant-writing efforts.

	Spouse/Minor Children's Name	Birth Date	School/Employer	Ethnicity	M/F
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Send completed applications to the YMCA or mail to: Executive Director, YMCA, PO Box 757, Willmar, MN 56201
Please allow a minimum of 15 days for this completed application to be processed and approved (or denied).



I am applying for: ___ Adult ___ Single Parent Family ___ Family

Membership (per month) Child Care (per week)

Program (per session): _____

I can afford to pay ___ Membership per month ___ Program Fee

If this application is for child care, you must have been denied CCAP benefits from the Department of Human Services. Please attach your denial letter with this application.

What benefits do you see in having this scholarship to join the YMCA as a member or program participant?

Can you provide any volunteer service to the YMCA? Yes No Contact, if yes _____

Have you received financial assistance from the YMCA before? Yes No
If yes, when (what year) were you last awarded a scholarship? _____

Your present annual income level is:

- ___ Under \$10,000 ___ \$10,000—\$15,000 ___ \$15,000—\$20,000
- ___ \$20,000—\$30,000 ___ \$30,000—\$40,000 ___ Over \$40,000

Why are you applying for scholarship assistance?

Please itemize your monthly income and expenses:

Monthly Gross Income

Wages, salaries & tips \$ _____
 Unemployment \$ _____
 Social Security \$ _____
 Child Support/Alimony \$ _____
 County Assistance \$ _____
 Total Income \$ _____

Monthly Expense

Rent/Mortgage \$ _____
 Utilities/Phone \$ _____
 Food \$ _____
 Car/Insurance \$ _____
 Medical/Other \$ _____
 Total Expense \$ _____

Please allow a minimum of 15 days for this application to be processed and approved (or denied). You will be contacted in writing by the YMCA as to the status of the application. If you have any questions, please feel free to contact the executive director or office manager at 222-YMCA. Thank you.

The information provided on this application is correct and I agree to provide additional documentation, if required.

Applicant's Signature _____ Date _____