

NISHNA VALLEY FAMILY YMCA
Application for Financial/Scholarship Assistance

Please fill out the following information and attach the necessary documents (photocopies only) and return to the Membership Director of the Nishna Valley Family YMCA, 1100 Maple Street, Atlantic, Iowa 50022. A letter stating your reason for your request for scholarship application. Balance of the allocation must be paid in full or on our automatic payment plan through our **electronic transfer program**. **Exceptions are made only by the YMCA Executive Director. Please print all information.**

Date of application: _____ Social Security Number: _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Place of Employment: _____

Zip Code: _____ Age: _____ How long? _____

Email Address: _____

Spouse/Child(ren)'s Name	Age	School/Employer	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a single-parent household? Yes No

Application by financial assistant is for: Membership Program Other: _____

Have you ever applied for scholarship assistance before at the YMCA? Yes No

If yes, which YMCA? _____

What volunteer service did you provide? _____

How many volunteer hours did you provide? _____

- Households present income level is:**
- Under \$ 8,000
 - \$ 8,001 to \$12,000
 - \$12,001 to \$15,000
 - \$15,001 to \$18,000
 - \$20,001 to \$25,000
 - Over \$25,000

What is the dollar amount that you are willing to pay or have the ability to pay each month?

Membership \$ _____ per month
Program \$ _____ per session

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

Why are you applying for scholarship assistance?

What volunteer service can you provide to the YMCA?

Please itemize your month income and expense items

INCOME		EXPENSE	
Wage, salaries, and tips	\$ _____	Rent/Mortgage	\$ _____
Unemployment compensation	\$ _____	Utilities	\$ _____
Social Security compensation	\$ _____	Food	\$ _____
Child Support	\$ _____	Clothing	\$ _____
Aid to Dependent Children	\$ _____	Phone	\$ _____
Food Stamps	\$ _____	Car/Insurance	\$ _____
401K/Retirement Funds	\$ _____	Alimony	\$ _____
Alimony	\$ _____	Child Support	\$ _____
Other	\$ _____	Medical	\$ _____
		Other	\$ _____
TOTAL INCOME	\$ _____	TOTAL EXPENSE	\$ _____

You must attach last year's Internal Revenue Service Tax Statement and/or your SSI allocation statement to verify your annual earnings.

Please allow a minimum of two weeks before this application can be processed and approved (or denied) by the YMCA. You will be contacted in writing from the YMCA as to the status of this application. If you have any question, please feel free to contact the Executive Director at 243-3934. Thank you.

Application Reviewed on _____
<input type="checkbox"/> Denied---Reason: _____ Notified _____
<input type="checkbox"/> Approved: Amount: \$ _____ Notified: _____