



Staff:	Expiration Date:
Award %:	Amount:

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 of 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 info@cookcountyyymca.org or by call 218-387-3386 x 601.

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 include all monthly income for adults living in household.

Adult 1

Earnings from work: _____

Assistance: _____

All other income: _____

Total Monthly Income: _____

Adult 2

Earnings from work: _____

Assistance: _____

All other income: _____

Required Documents: Please indicate which documents you will send or bring to 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 _____

Applicable to Day Camp and After-School program fees only: 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? _____

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

Check-list and Terms of Agreement

Membership Payment Options: The Financial Assistance program allows you to select from 3 options for payment.

_____ 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 join 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 send or bring 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 financial assistance awards are good for 12 months. At the end of the 12 months, I must reapply to continue my membership.

_____ I understand that after acceptance of the award, I will need to complete a full membership application at the YMCA Member Services Desk.

*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

