



## STRONG KIDS SCHOLARSHIP

# WELCOME TO ALL

### Our Cause

We are a dynamic association of men, women, and children joined together by a shared commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility. We believe that lasting personal and social change can only come about when we all work together to invest in our kids, our health, and our neighbors. That's why, at the Y, strengthening community is our cause and our programs are always based on the needs and interests of our communities.

### Our Work

The Y is dedicated to building programs for youth development, for healthy living, and for social responsibility that promote strong families, character values, youth leadership, community development, and international understanding. The Y makes accessible the support and opportunities that empower people and communities to learn, grow, and thrive by providing supportive and inclusive environments that nurture the potential of every youth and teen, improves the nation's health and well-being, and provides opportunities to give back and support neighbors.

### Financial Assistance

The YMCA programs and activities are designed to benefit persons of all backgrounds throughout the community. The Y's financial assistance program, supported in part through donations to the Strong Kids Campaign and United Way of Nobles County provides program services to those in need within our available resources. The YMCA recognizes that from time to time, people may need some financial help. Financial assistance is intended to be temporary and you will be asked to reapply. Each award will be reviewed for eligibility, scholarships are awarded based on a financial need and are subject to available resources.



**Worthington Area YMCA**



# WORTHINGTON AREA YMCA: STRENGTHENING OUR COMMUNITY

## ELIGIBILITY

Thank you for your interest in the Worthington Area YMCA Financial Assistance Program. Assistance is granted on a basis of financial need. We consider household income and number of legal dependents as primary criteria. Applicants will be notified once their application for a scholarship has been reviewed. \*All fees are to be kept confidential, as they are specific to individuals and family circumstances. The YMCA believes that a sense of ownership and pride is developed if financial recipients contribute to the cost of his/her involvement. Therefore, all financial assistance recipients are required to pay a percentage of the membership or program fees.

## POLICY & GUIDELINES

- Applications must be submitted complete, with all required documents. Incomplete applications will not be accepted.
- Once awarded funding, program participation is mandatory.
- Financial assistance is only applicable when a child is registered for specific programs; it is not guaranteed when added to a waiting list.
- If two (2) consecutive non-payment cycles occur, your membership will be cancelled immediately. Reinstatement of membership can occur once balance due is paid in full.

## HOW TO APPLY

1. Please complete the attached Financial Assistance Application and provide documentation listed below. PLEASE DO NOT LEAVE ANY ITEMS BLANK! Your application cannot be processed if the information provided is incomplete. All information received is subject to verification.
2. Attach a copy of your most recent tax return or
3. Please provide all that apply
  - Check Stubs (*For each working family member, for the last 2 pay periods*)
  - Letter from employer on company stationery confirming income amount stated on application
  - Letter from unemployment office
  - Letter from Social Security Office or copy of Social Security check
  - Documentation on any other form of Income (*Child Support, Alimony, Retirement etc.*)
  - Free/Reduced Lunch Letter: If the Free/Reduced Lunch Letter is submitted, this is enough information to complete the income verification process. This would include the official notification letter or a signed letter on letterhead from the school
4. Additional information may be requested.

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Signature indicates that you have read and understand the policies and guidelines of the YMCA Financial Assistance Program. You are committed to maintaining eligibility within the program, so we can help as many families within our community as possible.

Please submit your completed application to Worthington Area YMCA in person or

Mail To: Worthington Area YMCA, Attention: Financial Assistance, 1501 Collegeway, Worthington, MN 56187



# Financial Assistance Application

Application must be filled out completely. Please print clearly and include all required paperwork listed on the previous page.

- Membership
- Programs
- Both

## PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

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

Employment Stats: Circle One: Full Time or Part time

Student, How many hours? \_\_\_\_\_

Marital Status: Circle One: Single/Married/Divorced/Widowed

## ALL OTHER PERSONS LIVING IN HOUSEHOLD

Parent/ Guardian/ Adult: \_\_\_\_\_

Parent/ Guardian/ Adult: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_

Other Legal Dependent(s): \_\_\_\_\_

\*Only children who are born to you, legally adopted/guardian by you and claimed on your taxes will be considered dependents.

**(Proof of family size is required)**

### Applicant Monthly Income

### Spouse/ Other Adult Monthly Income

### Household Monthly Expenses

(Gross) Wages/Salaries/Tips \$ \_\_\_\_\_

(Gross) Wages/Salaries/Tips \$ \_\_\_\_\_

Mortgage/ Rent \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Social Security Compensation \$ \_\_\_\_\_

Social Security Compensation \$ \_\_\_\_\_

Auto Expenses \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Food Stamps (SNAP) \$ \_\_\_\_\_

Food Stamps (SNAP) \$ \_\_\_\_\_

Childcare \$ \_\_\_\_\_

Housing Assistance \$ \_\_\_\_\_

Housing Assistance \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

Workers Compensation \$ \_\_\_\_\_

Workers Compensation \$ \_\_\_\_\_

Amenities \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Documentation of all applicable income listed above must be submitted with application.**

I can afford to pay \$ \_\_\_\_\_ per month or \$ \_\_\_\_\_ per program participation. (Must be completed)

**Please submit your completed application to Worthington Area YMCA or in person or**

**Mail to: Worthington Area YMCA, Attention: Scholarship, 1501 Collegeway, Worthington, MN 56187**



# Financial Assistance Application

## Statement of Need

Your story—whether it's about you and your family, the people you know, or an entire community—has the potential to motivate others with real-life tales of how the Y not only promises but also delivers positive change. Through your unique and special voice, the Y can share your story to bring people together to invest in our kids, our health, and our neighbors. Please take a moment to express how the Y has potential to help you and your family through the programs it offers. List any challenges you feel we should take into consideration when reviewing your application. The only thing more important than the words you have, is the untold lives your story touches.

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I would like to be contacted to share my story with the Y to help support the Strong Kids Campaign

**This application must be renewed at the end of membership cycle or for each program cycle**

**Please allow up to 2 weeks to process request.  
You will be notified through the mail about your scholarship status.**

**I hereby certify that the information submitted with this application is a complete and true representation of my household income and household residents. I have provided all required documentation. I agree to inform the Y immediately of any changes in my income or family size. I understand that false information or failure to report any changes could jeopardize my financial assistance.**

**\*Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

OFFICE USE ONLY					
Date application received	# in Household	Yearly Income		Membership Type/Program	
<input type="checkbox"/> New Applicant <input type="checkbox"/> Renewal Applicant		<input type="checkbox"/> Existing Member		Total yearly cost of membership	
% off Year price	Scholarship Amount	Adjusted Yearly Amount	Monthly	Joiners Fee	Program Fee
CEO Approval		Date Mailed		Date of Expiration	

