Scholarship Policy Statement

It is the policy of the YMCA to serve all people regardless of their financial situation.

LeMars Area Family YMCA

Confidential Application for Financial Assistance

Items with an asterisk must be filled out or it may delay your scholarship application!

This form must be accompanied by a **letter of referral** showing financial need and a copy of last year's first two pages of your Federal or State Tax Returns.

*Name _____ * Date of Birth _____ Male ___ Female ___

*Address _____ City _____ State _____ Zip _____

*Phone: Home _____ Work _____ Cell _____

E-Mail _____ Are you easily contacted by e-mail? _____

*Please list dependents (If applying for a family / single parent family membership):

Spouse _____ Date of Birth _____ Male ____ Female ____
Child _____ Date of Birth _____ Male ____ Female ____
Child _____ Date of Birth _____ Male ____ Female ____
Child _____ Date of Birth _____ Male ____ Female ____
Child _____ Date of Birth _____ Male ____ Female ____
Child _____ Date of Birth _____ Male ____ Female ____

*What type of membership are you applying for? (Please check all that apply):

YMCA _____ Outdoor Pool _____ Indoor Pool _____

____ Youth _____ Adult _____ Family See Rate Sheet For Membership Pricing

____ Single Parent Family _____ Senior _____ Couple

What type of program are you applying for? _____

**How much do you feel you can afford to pay for this membership or program?

$_____Yearly or $_____ Monthly

Please check the reason you are applying for financial assistance:

_____ Limited Income _____ Loss of Job _____ Medical Bills _____ Divorce _____ Other _____

*Financial Information:

$ _____ Monthly Gross Paycheck
$ _____ Spouse's Monthly Gross Paycheck
$ _____ Alimony / Child Support
$ _____ Supplemental Support (Housing, Food Stamps, Social Security, etc.)
$ _____ Other Income
$ _____ Total Monthly Income

The LeMars Area Family YMCA is a non-profit agency open to all people regardless of age, race, religion or ability to pay. It is the policy of the LeMars Area Family YMCA not to deny service to anyone because of the inability to pay. Financial assistance will be granted to anyone who can demonstrate a verifiable need through recognized proof of income. Valid proof of income must be provided before the application can be approved.

By my signature, I am requesting assistance from the LeMars Area Family YMCA due to my personal circumstances and I certify that all information provided is correct.

Signature _____ Date _____

* *Full and partial scholarships are available to those who apply and meet our income guidelines.*