

**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?**

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**Why are you applying for scholarship assistance?**

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**What volunteer service can you provide to the YMCA?**

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**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	\$ _____
<b>TOTAL INCOME</b>	<b>\$ _____</b>	<b>TOTAL EXPENSE</b>	<b>\$ _____</b>

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** \_\_\_\_\_

**Denied---Reason:** \_\_\_\_\_ **Notified** \_\_\_\_\_

**Approved: Amount: \$** \_\_\_\_\_ **Notified:** \_\_\_\_\_