

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 St., Atlantic, Iowa.

Date of Application:			
Date of Birth:	-	Name:	
Cell Phone:		Work Phone:	
Address (Include City, State, Zip):			
E-Mail:			
Place of Employment:		How Long?	
Spouse/Child(ren)'s Names:	Age	School/Employer	Birth Date
			//
			//
			//
			//
			//
Have you ever applied for schola	arship as	ssistance before at the YMC	A? Yes No
Present Household income level	is:	under \$8,000	

	\$15,001-\$18,000
	\$20,001-\$25,000
	Over \$25,000
You must attach proof of income to	verify your annual earnings.
If you have any questions, please f 712-243-3934	eel free to contact the Membership Director @
All Approved Applications Will be R	eviewed Annually.
	
Signature:	
<u> </u>	
Entered in CORE on:	
	 Notified
Approved: Disc. %	Annual/Monthly Amount\$
Natified	Staff Initials

___ \$8,001 - \$12,000

___\$12,001-\$15,000