



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

PEOPLE HELPING PEOPLE FINANCIAL ASSISTANCE

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Aberdeen Family YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. The funds available for this assistance program are made possible through the generosity of our donors who give to our annual Strong Kids Campaign and the United Way of NE South Dakota.

COMMITTED TO OUR COMMUNITY

Determining assistance amount is handled the YMCA in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members can feel confident knowing that they are part of an organization that cares greatly for the well-being of all people and is committed to youth development, healthy living and social responsibility.

To apply for Financial Assistance, ONE of the following documents is REQUIRED for your application to be processed:

- A Copy of your LAST Income Tax Form that you submitted to the IRS
- OR
- Copies of the last two pay stubs from all adults living in household.
- OR
- Copy of Social Security or Disability Checks

****Proof of Need must be shown through one of these documents for financial assistance consideration. Additional information on page 3 must be completed.**

Date Received: _____ Y Staff Initials: _____

Aberdeen Family YMCA

Request for Financial Assistance

Please check the type of membership you are requesting:

- Youth Young Adult (18-25) Adult Senior Adult (62+)
- Senior Couple (one is 62+) Household (up to two adults and dependents in the same household who may be claimed on IRS tax return)
- YDC Childcare (application for childcare scholarship goes to the YDC- 5 South State St, Aberdeen SD 57401)

Please print

Applicant First Name _____ MI _____ Last Name _____

Address: _____ City: _____ St: _____ Zip: _____

Place of employment: _____ Start Date: _____

Full Time or Part Time Hours Per Week: _____ Self Employed

Total number of persons you are able to claim on your income tax return: _____

Applicant from above AND additional household member(s) seeking financial assistance (Only those who can file a joint tax return, or any dependents that can be claimed on that tax return can be included. All others must submit a separate application.) **Please Print**

First Name	MI	Last Name	Age	Sex	Date of Birth
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you previously received financial assistance at the YMCA? Yes No

What amount can you pay toward the membership or program fee? \$ _____

Are you available to volunteer in exchange for financial assistance? Yes No

Please provide us with a detailed narrative of information that would be helpful in assessing the level of need for the financial assistance you are requesting. How would this YMCA membership assistance benefit you?

Total Household Income – You must attach documentation to support all income.

Applicants Employment:	\$ _____	Per Month
Spouses Employment:	\$ _____	Per Month
Unemployment	\$ _____	Per Month
Child Support:	\$ _____	Per Month
Disability / Work Comp.	\$ _____	Per Month
Social Security	\$ _____	Per Month
WIC	\$ _____	Per Month
Food Stamps	\$ _____	Per Month
Energy Assistance	\$ _____	Per Month
Housing Assistance	\$ _____	Per Month
Medical Assistance	\$ _____	Per Month
TANF	\$ _____	Per Month
Other Income	\$ _____	Per Month
TOTAL INCOME	\$ _____	Per Month

Monthly Expenses and Extraordinary Expenses:		
Mortg/Rent:	\$ _____	Per Month
Utilities:	\$ _____	Per Month
Car Payment:	\$ _____	Per Month
Cell Phone:	\$ _____	Per Month
Cable:	\$ _____	Per Month
Food:	\$ _____	Per Month
Insurance:	\$ _____	Per Month
Medical:	\$ _____	Per Month
Other:	\$ _____	Per Month
Other:	\$ _____	Per Month
TOTAL EXPENSES	\$ _____	Per Month

Please list any special circumstances that contribute to your request for financial assistance (i.e. medical bills, unemployment, etc.)

I certify that the above information is true and complete to the best of my knowledge and that I do not have additional income not represented above. I agree, if necessary to send additional documentation to support the above statements. I understand that financial assistance is based on need. In the event that my financial situation changes and I am no longer in need of this assistance or at least to the degree in which it is provided, I will contact the YMCA so that the support can be provided to others. I understand that if I have falsified any of the above information, I will not be eligible for the assistance now or in the future.

Signature _____ Date _____

Office Use Only: Approval Signatures	
Scholarship Awarded (%): _____	Membership Type: _____
Membership Director: _____	Date: _____
Senior Director of Programming: _____	Date: _____

