



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial Assistance Information & Application

YMCA of the Northern Sky

Strengthening our community

Every day, through the generosity of our donors, the YMCA works to strengthen our community by providing access to programs, facilities, and services that connect, heal, nourish and encourage.

The YMCA is for everyone!

We are happy to offer financial assistance so that everyone can participate in our programs and services, regardless of their ability to pay. Assistance is available for membership, child care, youth and adult programs, and summer camp.

How to Apply for Financial Assistance

- **Please complete the following steps thoroughly and accurately** – note that incomplete applications will not be reviewed. All records will be kept confidential.
 - If applicable, please also complete a membership application form, child care enrollment or camp/program registration at the time of submitting this application.
- **Provide proof of all monthly or yearly gross (pre-tax) income for anyone 18 years or older in the household. Accepted documentation can include:**
 - 1040 tax return – *preferred, W2 not accepted. If 1040 not submitted, submit TWO of the following:*
 - Letter of projected income – *if you have changed employers within the last 30 days*
 - Payroll check stubs – *for the last 30 days*
 - For a list of all accepted forms of income documentation, visit ymcanorthernsky.org/financialassistance
- **Additionally, if you receive any of the following benefits, we require proof to be submitted in order to process your application:**
 - SNAP, TANF, and/or housing subsidy
 - Child support, alimony, or foster care payments
 - Unemployment, SSI, or SSDI benefits
- **You will be notified if you are required to submit additional proof of income.**
 - To learn more about proof of income requirements please visit ymcanorthernsky.org/financialassistance



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Additional Information

- If your household size, dependencies, income, or needs change at any time you must complete a Financial Aid Amendment Form, which can be found online at **ymcanorthernsky.org/financialassistance**, or at the Member Services Desk.
- A new financial assistance application – with updated proofs of income – must be submitted every year.
- If further documentation or additional steps are required before we can process your application, a YMCA team member will contact you at the phone number and/or email address specified on this form. This may include, but is not limited to:
 - Filling out a membership application or completing a program/camp registration
 - Providing proof of residency or dependency
 - Applying for county child care assistance

Submitting Your Application

Completed applications may be delivered to the Member Services Desk of either YMCA location or emailed to **financialassistance@ymcanorthernsky.org**

- As another option for those not from the FM area, Camp Cormorant applications **only** may be mailed to:
 - YMCA of Cass and Clay Counties | Attn: Camp Assistance
400 1st Ave South, Fargo ND 58103

Thank you for your interest in YMCA Financial Assistance!

It could take up to ten business days to process your application. By providing an up-to-date email address you may receive a faster response about the status of your application. A YMCA team member will contact you if further info is required. If you are curious about the status of your application, please reach out to our team at **financialassistance@ymcanorthernsky.org** and we would be happy to help.



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YMCA Financial Assistance Application Form

Primary Member/Head of Household: _____

Phone: _____ **Email:** _____

I am applying for financial assistance for the following - select all that apply:

- YMCA Membership & Programs Financial Assistance
- YMCA Child Care Scholarship
- Camp Cormorant Financial Assistance

Please list which weeks/sessions you are applying for:

Household Members

Please list all adults and children that live in the household.

| First Name | Last Name | Date of Birth | Relationship |
|------------|-----------|---------------|-----------------------|
| 1. | | | <i>Self/Applicant</i> |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |



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Household Income

Please list the monthly or yearly household income for all household members over the age of 18. You must include proof of all income listed. *If no funds are received for a category, list \$0*

| | |
|--|---|
| Applicant Gross (pre-tax) Earnings \$ | Spouse/Partner Gross Earnings \$ |
| TANF, SNAP, Housing Subsidy, etc. \$ | Child Support or Foster Care Payments \$ |
| Unemployment \$ | Other \$ |
| Total Gross Income - add all boxes together \$ | Information provided is based on my: <input type="checkbox"/> Yearly Income <input type="checkbox"/> Monthly Income |

Is there any additional information you would like us to know about your financial situation, or take into consideration as we review your application?

| OFFICE USE ONLY | | | | | |
|-----------------|----------------|---------------|---------|---------------|---------|
| Date Received | Date Processed | HH Size/Level | Percent | Daxko/Procure | Initial |
| Initial | | | | | |



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YMCA Financial Assistance Agreement

Please initial all lines to indicate that you have read and agree to each of the terms listed.

____ The information that I have provided and included with this application accurately represents my household and financial situation.

____ I understand that if my household size, dependencies, or income changes, I am required to submit a Financial Aid Amendment Form.

____ I understand that failure to provide all requested information will result in an incomplete application, which will not be reviewed.

____ I understand that I must adhere to YMCA Policies and Codes of Conduct as listed in the Member and Parent Handbooks to continue receiving financial assistance.

____ I understand that it is my responsibility to review my bank statements and/or child care statements on a regular basis to ensure withdrawals are correct.

____ I understand that all portions of payments/dues that are not covered by YMCA Financial Assistance are my responsibility.

____ I understand that yearly renewal is required, including all requested proofs of income, to continue receiving YMCA Financial Assistance.

____ I understand the YMCA Financial Assistance awards are based on available resources, and the YMCA may reduce or end my financial aid with a 30-day notice.

____ I understand that YMCA Financial Assistance is non-refundable and will not be included in any refunded amounts.

Signature of Applicant: _____ **Date:** _____