

**ALBERT LEA FAMILY Y  
APPLICATION FOR SCHOLARSHIP ASSISTANCE**

Please fill out the following information and attach the necessary documents (photocopies only) and return to the executive director of the Albert Lea Family Y, 2021 West Main Street, Albert Lea, MN 56007. An interview may be required prior to the approval of this scholarship application. Balance of the allocation must be paid in full or on our automatic payment plan through our monthly bank draft program. Exceptions are made only by the executive director. **Please print all information.**

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ How long employed? \_\_\_\_\_

Work phone: \_\_\_\_\_

Spouse/Child(ren's) Name	Age	School/Employer	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Application for financial assistance is for:       Membership Type requested: \_\_\_\_\_  
 Programs \_\_\_\_\_  
 Child Care Programs\* \_\_\_\_\_  
 Other: \_\_\_\_\_

\* If this application is for child care, you must have been denied Title XX benefits from the Department of Human Services. Please attach your denial letter with this application.

What benefits do you see in having this scholarship to join the YMCA as a member or participant?  
\_\_\_\_\_  
\_\_\_\_\_

Why are you applying for scholarship assistance?  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied for scholarship assistance before at the Albert Lea Family Y?     Yes     No  
If so, when (list dates) \_\_\_\_\_

If on assistance, please list Case Worker name \_\_\_\_\_ phone# \_\_\_\_\_

Your present income level is: [ ] Under \$8,000  
 (Gross, not net) [ ] \$8,001 to \$12,000  
 [ ] \$12,001 to \$15,000  
 [ ] \$15,001 to \$18,000  
 [ ] \$18,001 to \$20,000  
 [ ] \$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  
 SMB Program area \$\_\_\_\_\_ per month  
 Program \$\_\_\_\_\_ per session  
 Child Care \$\_\_\_\_\_ per week

**Please itemize your monthly income and expense items**

<u>INCOME</u>		<u>EXPENSE</u>	
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	\$_____
401 K/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 for all adult members in household.

Please allow a minimum of three 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 questions, please feel free to contact the executive director at 373-8228. Thank you.

The information I have provided on this form is correct, and I agree to provide additional documentation to verify financial need.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

***FAMILY Y STAFF USE ONLY***

Approved by \_\_\_\_\_ How much per month \$ \_\_\_\_\_

Scholarship good for \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_