

ALBERT LEA FAMILY YMCA

APPLICATION FOR MEMBERSHIP FOR ALL

Please fill out the following information and attach the necessary documents (photocopies only) and return to the Albert Lea Family YMCA, 2021 West Main Street, Albert Lea, MN 56007. Total amount of the membership/program must be paid in full or on our automatic payment plan through monthly bank draft. **Please print all information.**

Date of application: _____ Phone: _____

Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____

How would you prefer to be contacted with your award letter: (please circle one) Email Mail Pick up at desk

Please list ALL individuals that live in your household: (even if they are not applying for membership)

Name	Birthdate	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Application for financial assistance is for:

<input type="checkbox"/> Sports _____	<input type="checkbox"/> Camp _____
<input type="checkbox"/> Adult Membership _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> 1 Adult Household Membership	<input type="checkbox"/> Youth Membership (13-17)
	<input type="checkbox"/> 2 Adult Household Membership

Scholarships are good for 6 months and then must be renewed by refilling out the application. Renewal paperwork must be turned in prior to expiration of current scholarship or a waiting period of 3 months could incur.

Please attach a copy of the first page of the most recent 1040 Tax Form for EACH ADULT in the household. (Even if they are not applying for membership). And documentation of ANY federal assistance you receive such as food stamps, rent subsidy, aid to dependent children, cash assistance, SSI, disability, etc.

What benefits do you see in having this scholarship to join The Y as a member or participant?

Please allow a maximum of one week before this application will be processed and approved (or denied) by the Albert Lea Family YMCA. You will be contacted from The Y as to the status of this application. If you have any questions, please feel free to contact the scholarship committee at 507-373-8228 or ymca@ymcaal.org. 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 _____

ALBERT LEA FAMILY YMCA STAFF USE ONLY

Approved by _____ How much per month \$ _____ Total Amount: \$ _____

Scholarship good for _____ Date _____

Additional Comments _____

May 2024