



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **FINANCIAL ASSISTANCE APPLICATION**

Your Missouri Valley Family YMCA, a cause-driven nonprofit organization is committed to serving its community through programs and resources that foster youth development, promote healthy living, and inspired a sense of social responsibility.

Everyone is welcome at our Y and it is through our fee assistance program that we strive to turn no one away because of the inability to pay. We count on the generosity of other businesses in our community, our donors, and our members - the ability to provide scholarship fee assistance is subject to the availability of funds.

We feel strongly that assistance is not a handout but rather a helping hand. In times of need, financial assistance is granted as part of a partnership - each participant will pay a part of the membership fee based on a sliding scale and the specific needs of that individual or family.

The YMCA reserves the right to refuse assistance to any applicant. Financial assistance is a temporary agreement extending assistance in a time of need. Applicants must reapply every 6 months for financial assistance. As the participants need decreases, it is expected that their share of the payment will increase. Your support of your Y will ensure we are able to continue to offer financial assistance to the Bismarck/Mandan community.

## **APPLICATION PROCESS**

- 1.) Return the completed application to the Missouri Valley Family YMCA, attn: Lynn Glock
- 2.) Allow approximately one week for processing
- 3.) you will receive a letter by mail notifying you of the status of your application
- 4.) Please contact Lynn Glock at 701.255.1525 with any questions.

**MISSOURI VALLEY FAMILY YMCA  
STOP BY: 1608 N WASHINGTON STREET BISMARCK, ND 58501  
CALL US: 701.255.1525  
VISIT US: [WWW.BISMARCKYMCA.ORG](http://WWW.BISMARCKYMCA.ORG)  
LIKE US: [WWW.FACEBOOK.COM/BISMARCKYMCA](http://WWW.FACEBOOK.COM/BISMARCKYMCA)**



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# MISSOURI VALLEY FAMILY YMCA FINANCIAL ASSISTANCE APPLICATION

## APPLICANT INFORMATION

PLEASE PRINT LEGIBLY AND COMPLETE THIS APPLICATION IN FULL - ANY MISSING INFORMATION WILL DELAY APPLICATION PROCESS

### DOCUMENTATION

ALL APPLICATIONS MUST INCLUDE:

- A COPY OF YOUR MOST RECENT 1040 TAX RETURN (OR PROOF OF NON-FILING). FOR PROOF OF NON-FILING CALL 1.800.829.1040 OPTION 2, THE OPTION 2 AGAIN
- STUBS FROM YOUR LAST TWO PAYCHECKS OR UNEMPLOYMENT CHECK STUBS OR DISABILITY OR SOCIAL SECURITY STATEMENT

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ MALE/FEMALE  
(CIRCLE ONE)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_  
(PLEASE INCLUDE EMAIL AS WE OFTEN COMMUNICATE VIA EMAIL WITH MEMBERS)

### DEPENDENTS

PLEASE LIST ALL DEPENDENTS UNDER 24 LIVING WITH YOU, FOR WHOM YOU ARE REQUESTING ASSISTANCE

NAME _____	AGE _____	DATE OF BIRTH _____	MALE/FEMALE (CIRCLE ONE)
NAME _____	AGE _____	DATE OF BIRTH _____	MALE/FEMALE (CIRCLE ONE)
NAME _____	AGE _____	DATE OF BIRTH _____	MALE/FEMALE (CIRCLE ONE)
NAME _____	AGE _____	DATE OF BIRTH _____	MALE/FEMALE (CIRCLE ONE)
NAME _____	AGE _____	DATE OF BIRTH _____	MALE/FEMALE (CIRCLE ONE)
NAME _____	AGE _____	DATE OF BIRTH _____	MALE/FEMALE (CIRCLE ONE)

### MEMBERSHIP TYPE

PLEASE CHECK THE MEMBERSHIP TYPE YOU ARE REQUESTING

YOUTH MEMBERSHIP (ages 0-9)     STUDENT MEMBERSHIP (ages 10-18)     ADULT MEMBERSHIP (ages 19-64)

HOUSEHOLD  
(two adults living at same address and all children living at home under the age of 24)

SINGLE PARENT HOUSEHOLD  
(one adult and all children living at home under the age of 24)

PLEASE COMPLETE FINANCIAL VERIFICATION AND MEMBERSHIP AGREEMENT ON BACK

QUESTIONS? CONTACT LYNN GLOCK 701-255-1525

## FINANCIAL INFORMATION

PLEASE INCLUDE MONTHLY INCOME FOR EACH ITEM

EMPLOYMENT	\$
CHILD SUPPORT	\$
ASSISTANCE (SS, TANF, ETC)	\$
CHILD CARE ASSISTANCE	\$
OTHER INCOME	\$
<b>TOTAL</b>	\$

YMCA STAFF NOTES SECTION:

## MEMBERSHIP AGREEMENT

- The YMCA at their discretion may adjust the membership rates. I understand that I will receive at least four weeks notice prior to any change.
- Memberships are nonrefundable, including paid in full, automatic draft and all other payment methods.
- It is the responsibility of every individual or their parent or guardian to provide their own accident and health coverage while participating in YMCA activities. Neither accident nor health coverage is provided for participants by the YMCA.
- Membership cards remain the property of the YMCA and must be surrendered upon demand.
- The YMCA will terminate or deny membership to convicted sex offenders/offenders against children. An appeal process is available.
- A YMCA Code of Conduct is posted throughout the building. I agree to abide by this code of conduct and all YMCA policies.
- The YMCA reserves the right to terminate any person's membership for any reason at any time.

## APPLICATION VERIFICATION

- The Missouri Valley Family YMCA offers scholarship memberships within the limits of available funding. In an effort to provide fee assistance, it is necessary that everyone pay a portion of their fees.
- Answers provided on this application must be COMPLETE, CLEAR, and CORRECT. Documentation is necessary to process your application.
- All scholarship recipients are required to re-apply every **6 MONTHS**
- In the event that any of the information provided is found to be inaccurate, an approved membership could be revoked

**TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IS CORRECT AND MAY BE VERIFIED BY THE YMCA. I UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLEASE NOTE: ALL RENEWALS MUST COMPLETE THE SCHOLARSHIP MEMBER SURVEY THAT IS SENT WITH THE RENEWAL APPLICATION**

**QUESTIONS? CONTACT LYNN GLOCK 701-255-1525**

